

Sale and Supply of Alcohol Act and Gambling Act Requirements

Have you been declined 'key person' status in terms of the Gambling Act or been declined a General Manager's Certificate in terms of the Sale and Supply of Alcohol Act? If 'yes', please provide details.

Do you have a General Manager's certificate for the purposes of the Sale and Supply of Alcohol Act? (Please provide a copy) Yes No

Are you legally entitled to work in New Zealand? Yes No

Do you have a work permit? (If yes, when does this expire?) _____ Yes No
 Work permits or evidence of authority to work in New Zealand may be requested.

Please supply the names and contact numbers of at least two Referees

Please provide most recent employer and at least one previous employer.

EMPLOYMENT RECORD: THREE most recent positions must be listed.

Last or Present Position: _____

Employer _____

Nature of work _____ From _____ To _____

Reason for leaving _____

Previous Employer _____

Nature of work _____ From _____ To _____

Reason for leaving _____

Previous Employer _____

Nature of work _____ From _____ To _____

Reason for leaving _____

APPLICANT'S DECLARATION

I CERTIFY that the above information is true and correct and authorise investigation of all information contained herein for the purpose of ascertaining my suitability for employment, including conducting credit and criminal record checks through the appropriate authorities and contacting referees and previous employers. I understand that if I have given false or misleading information or if I have left out any important information, I may not be considered for appointment. If I am appointed before any inaccuracies on this form are discovered, my employment may be terminated. I understand that in some situations, providing false information may amount to an offence under the Crimes Act. I understand that if I accept employment I will be required to sign an Employment Agreement. If Appointed, I agree to observe all rules, policies and procedures issued by the establishment.

Applicant's signature _____ Date _____

PART A: IDENTIFYING DETAILS

1. JOB APPLICANT PLEASE COMPLETE CLEARLY IN CAPITAL LETTERS

Full name:	Date of birth:
Other names:	Phone number:
Address:	Last address (If applicable):

2. EMPLOYER

Organisation name:	Contact person's name:
Contact phone number:	Contact email address:

3. JOB APPLICANT'S CONSENT AND SIGNATURE

I authorise ACC to release my ACC claims history to the employer named in Part A (2).

I understand that this information will be used as an assessment as to whether I can carry out the job safely.

I understand I have the right:

- To see and correct this information under the Privacy Act 1993
- That the employer will use this information responsibly, and comply with the Privacy Act 1993, Health Information Privacy Code 1994 and the Human Rights Act 1993
- That the employer will destroy the information once the job application process is complete if unsuccessful or will retain as confidential information on my personal file and will be destroyed once my appointment to the said employer is terminated

Applicant's signature:	Date:
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