



## Application for Employment Form

Thank you for applying for a position with Rosie O'Grady's. At Rosies we consider employees to be one of our greatest assets. We are committed to recruiting the most appropriate person for each job.

Please complete this application form. The following form is a great source of information, which will be used to assist us in considering your suitability for the position for which you are applying. If successful, such information shall form part of our personnel records. Failure to supply the information requested could limit our ability to assess your suitability for the position.

**Note:** Information relating to unsuccessful applicants shall be retained by the Company for a period of 3 months. The above information is provided in accordance with the Privacy Act 1993.

The completion of this form does not indicate that there is any obligation on the Company to engage the applicant.

### CONFIDENTIAL

To be completed personally by Applicant

Position Applied for (include location): .....

Date of Application: .....

FT/PT/Casual?: ..... Copy of CV Attached: ..... Yes/No

#### YOUR NAME In block letters

Name you like to be addressed by: ..... Family Name: .....

Given Names (underline name used): .....

Are you known by any other name(s)? .....

#### YOUR CONTACT ADDRESS AND TELEPHONE NUMBERS

Contact Address: .....

Home Phone No: ..... Mobile Phone: .....

Other No. (If Any): ..... Email: .....

#### LEGAL WORK STATUS

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

As:

A New Zealand Citizen Yes/No

A permanent resident Yes/No

A holder of a current work permit Yes/No

Permit sighted. Yes/No

Date expires and copy attached .....

How long will you be staying in the area? .....

#### SALE OF LIQUOR ACT AND GAMBLING ACT REQUIREMENTS

Have you been declined "key person" status in terms of the Gambling Act or declined a General Managers Certificate in terms of the Sale of Liquor Act? If yes provide details. ....

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**EDUCATION/ QUALIFICATIONS**

Name of secondary school(s) attended

Qualifications (school certificate, university entrance) - (subjects)

Name of tertiary institution(s) attended

Qualifications (subjects)

Do you have any other qualifications/certificates/licences/or attended any courses? (Please provide details).

Please describe the skills you hold which are relevant to the position applied for (e.g. for a typist - typing speed, word processing capability, shorthand capability, etc).

**LANGUAGES**

Can you speak another language other than English? Yes/No

If Yes please detail: .....

**EMPLOYMENT HISTORY**

**Present/Most Recent Employer**

Company: .....

Address: .....

Job Held: .....

Main Duties: .....

No of hours worked per week: ..... Length of service: .....

Reason for Leaving: .....

Manager and contact number: .....

**Next Most Recent Employer**

Company: .....

Address: .....

Job Held: .....

Main Duties: .....

No of hours worked per week: ..... Length of service: .....

Reason for Leaving: .....

**Next Most Recent Employer**

Company: .....

Address: .....

Job Held: .....

Main Duties: .....

No of hours worked per week: ..... Length of service: .....

Reason for Leaving: .....

**REFEREES**

Give name, address and telephone numbers of at least two referees.

Name	Position	Address	Phone No.
.....	.....	.....	.....
.....	.....	.....	.....

For the purposes of compliance with the Privacy Act 1993 do you consent to the Company contacting your present employer for the purposes of reference checking Yes/No

I consent to Rosie's seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to Rosie's for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by Rosie's is supplied in confidence as evaluative material and will not be disclosed to me.

If yes, Signature: ..... Date: .....

**MEDICAL**

If you are offered employment the offer is made subject to your obtaining a full medical clearance following the completion of our pre-employment medical if required.

Do you agree to undergo a medical examination? Yes/No

Have you had an injury or medical condition caused by gradual process, disease or infection for example hearing loss, repetitive strain injuries that may be aggravated or further contributed to by the tasks of this job? Yes/No

If yes, please detail: .....

**GENERAL**

If you are less than 18 years of age please detail your age and birthdate. - Age: Birth Date:

Have you ever worked for Rosie's or Turbo group before? Yes/No

If yes, where and when: .....

Do you have a spouse, partner, relative or household-member working at Rosie's. Yes/No

If yes, who and where? .....

The nature of the business at Rosie's is 7 days per week with late nights and weekend work required. Are there any days or hours that you cannot work? Yes/No

If you answered Yes please detail. ....

Have you ever been convicted of a criminal offence? Yes/No

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes/No

Do you have a current drivers licence? Yes/No

Transport? Yes/No

Do you have any demerit points or endorsements or cases pending? Yes/No

If yes, please detail: .....

Do you consent to Rosie's retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with Rosie's in the future? Yes/No

**NOTICE**

If your application is successful when could you commence employment: .....

**DECLARATION**

I, ..... (full name) declare that to the best of my knowledge the information provided in this application, police check form and in any resume enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC.

Signed: ..... Date: .....