

APPLICATION FOR EMPLOYMENT FORM

To enable us to fully consider your application for our vacancy, this Application Form needs to be completed in full and forwarded to the email address stated in the vacancy advertisement. Applicants also need to submit the following documents:

- Curriculum vitae
- Covering letter supporting your application
- Drivers licence
- Copy of work visa (if applicable)

Please note: Your application documentation will not be returned.

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS OF THE FORM

POSITION APPLIED FOR	
HOW DID YOU LEARN OF THIS POSITION?	

PERSONAL DETAILS		Title	
Surname		First Names	
Address		Preferred First Name	
Postal Address (if different)		Phone Home	
		Phone Work	
Email		Mobile Phone	
Other name(s) by which you have been / are known			

EDUCATION / PROFESSIONAL / TRADE QUALIFICATIONS AND / OR ASSOCIATIONS		
(Please list in order of relevance to role. Further information may be supplied in your CV such as academic transcript and official results)		
Qualification / Membership	Date Obtained / Current	Institution / Association

CURRENT EMPLOYMENT (if applicable)	
Employer	
Position Held	
Starting Date	
Main Responsibilities	

PAST EMPLOYMENT: (Please list your last two roles. Non-paid experience may also be listed. Further information may be supplied in your CV)			
Job Title		Job Title	
Employer		Employer	
Type of Business		Type of Business	
Address		Address	
Starting Date		Starting Date	
Leaving Date		Leaving Date	
Reason for Leaving		Reason for Leaving	

Have you ever been employed by Kāpiti Coast District Council?	Yes / No
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Do you have a spouse, partner, relative, or household member currently working for Kāpiti Coast District Council?	Yes / No
If YES, in which Council team/group?	
Please give name of person and state relationship	

REFEREES:			
Please name two persons, preferably recent employers, from whom the Council may request confidential references.			
Name		Name	
Position / Title		Position / Title	
Postal Address		Postal Address	
Email		Email	
Telephone		Telephone	
Relationship to Applicant		Relationship to Applicant	

DRIVERS LICENCE: Where your position may require you to drive a motor vehicle, the Council requires the following information			
Current Drivers Licence?	Yes / No	Licence Number	
Class of Licence		Do you have any demerit points or endorsements?	Yes / No
If YES, please detail			

RESIDENT STATUS:	
<p>Are you legally entitled to work permanently in New Zealand?</p> <p>If not permanently entitled, what is the term of your work permit?</p> <p><i>NOTE: if you are shortlisted to attend an interview you will be required to provide evidence of your entitlement to work in NZ:</i></p> <ul style="list-style-type: none"> • New Zealand passport or • Australian passport or • NZ Birth Certificate and photo ID such as a drivers licence or • NZ Citizenship Certificate and photo ID such as a drivers licence or • For foreign nationals, a valid work permit and photo ID 	Yes / No

PREVIOUS CONVICTIONS:	
Do you have any criminal convictions, and/or are you under investigation for any criminal matter? You may not have to reveal certain convictions concealed by the Criminal Records (Clean Slate) Act 2004. If you are unsure, seek independent advice. Please refer to www.justice.govt.nz for further guidance.	Yes / No
If YES, please provide full details	

CRIMINAL HISTORY, POLICE VETTING AND CREDIT CHECKS:	
Some roles require completion of a Criminal History, Police Vetting and/or a Credit Check due to responsibilities associated with the role. A separate form will need to be completed in such an instance. If required, do you agree to these checks?	Yes / No

CONFLICT OF INTEREST:	
<i>Declaration of a conflict of interest does not necessarily exclude employment opportunities within the Council. The following question is to ensure we identify any conflicts whether actual, perceived or potential.</i>	
Do you have any private or professional interests or associations that have the potential to impact on your ability to carry out, or be seen to carry out, your duties impartially and in the Councils interest?	Yes / No
If YES, please specify your private/professional interest and/or associations	

HEALTH & SAFETY REQUIREMENTS:	
<i>Declaration of a medical condition does not necessarily exclude employment opportunities within the Council. The following questions are to ensure you can safely carry out the position.</i>	
Are you aware of any current or former medical or health related conditions that could affect your performance or ability to carry out the duties and responsibilities of the position or that may be aggravated or further contributed to by the tasks of the position for which you are applying?	Yes / No
If YES, please specify the health problems / disabilities	
Do you currently have or have you ever had (including anything that may have resulted in a claim for compensation for incapacity) any gradual process, disease, infection or symptoms of occupational overuse syndrome ("OOS") such as but not limited to aches, pains, numbness, tingling or burning sensations that may affect your ability to carry out the requirements of your position?	Yes / No
If YES, please provide details including, if applicable, the nature of the condition(s) for which claims were lodged and date of lodgement	
If you have indicated a medical or health related condition that could affect your ability to carry out your job, please indicate whether you would be prepared to undergo a medical examination by a doctor nominated by the Council (at its expense) to determine your ability to perform your job prior to us making a decision about your application	Yes / No
If you are currently suffering, or have suffered in the past from injury or illness, are there any special services or facilities which we could provide to enable you to carry out the work duties safely?	Yes / No
If YES, please specify	
Are you earning, or do you anticipate that you will earn income from secondary employment?	Yes / No
If YES, what is the nature of this employment?	

DECLARATION:			
<p>I confirm that the information given on this form and in the process of my application is, to the best of my knowledge, true and complete. Any false or misleading statement or omitted material may be sufficient cause for disqualifying me from appointment, or if employed, summary dismissal.</p> <p>I acknowledge that I may be required (at the Councils expense) to undergo a medical examination prior to commencing employment.</p> <p>I consent to Kāpiti Coast District Council seeking:</p> <ul style="list-style-type: none"> • verbal or written information about me from my referees, and authorise the information sought to be released • verification from the NZTA Driver Check database that the details I have provided under the Drivers Licence section are correct • security checks (such as police vetting, criminal history, credit, financial, drivers licence status, traffic infringements and dismissal register) and agree to co-operate in providing information to assist that vetting process. I further understand that should any offer of employment be made that this will be subject to satisfactory results being obtained from Kāpiti Coast District Council's pre-employment screening process. In the event that any results are deemed unsatisfactory to Kāpiti Coast District Council then any employment relationship will be terminated. 		Yes / No	
Signature		Date	

Confidentiality and Privacy

This information is collected for the purpose of assessing your suitability for employment at the Kāpiti Coast District Council (the Council). Failure to complete this form in its entirety may affect the Councils ability to properly assess your application. This information will be held on your personal file if you are employed by the Council. You have certain rights to request access to personal information held by the Council, and to correct that information. Any requests for access and correction should be made to the Council's Human Resources Advisor.