



**STRATFORD
DISTRICT COUNCIL**

**P O Box 320
STRATFORD**

Telephone: (06) 765 6099
Fax: (06) 765 7500

APPLICATION FOR EMPLOYMENT

(Please print or type all information)

POSITION APPLIED FOR: Information Centre Officer (to cover maternity leave)

CLOSING DATE: Friday 3 September 2010 at 4.30pm

Applications should be addressed to the PA to Chief Executive and marked with "Position Title".

(Please note a Curriculum Vitae may accompany this application, but should not replace it).

1. PERSONAL DETAILS

FULL NAME: _____

(Preferred Name)

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

TELEPHONE: (Work Hours) _____
(After Work) _____
(Email) _____

Do you have a current driver's licence: YES/NO

If yes, please specify: _____

When are you available to start work? _____

2. EDUCATION:

(a) Qualification:

Include academic and technical qualifications. Originals will be required for sighting if appointed to the position.

Indicate whether you were a full-time or part-time student.

Institution	Qualification (and Major Subjects)	Study (From and To)	Full or Part-time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(b) **Studies Currently in Progress:**

Institution	Qualification Goal	Title of Papers
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(c) **Training Courses Attended:** (Those relevant to this application)

Date	Course Title & Description	Conducted By
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(d) **Skills/Attributes:**

Include details of any skills, life experiences or cultural attributes that are relevant to this application. Continue on another sheet if necessary.

(e) **Professional Memberships:** (Include category of membership, date awarded, any offices held)

3. **EXPERIENCE:**

- (a) Give details, starting with the most recent position. Include periods of unemployment, travel, full-time study and full-time childcare. Please continue on an extra sheet if necessary.

Contact: _____

Organisation: _____

From, To (Month & Year): _____

Position Held: _____

Brief Description of Responsibilities: _____

Final Base Salary: _____

Phone Number: _____

Contact: _____

Organisation: _____

From, To (Month & Year): _____

Position Held: _____

Brief Description of Responsibilities: _____

Final Base Salary: _____

Phone Number: _____

Contact: _____

Organisation: _____

From, To (Month & Year): _____

Position Held: _____

Brief Description of Responsibilities: _____

Final Base Salary: _____

Phone Number: _____

May we contact your present/past employers for further information? YES/NO

4. **VOLUNTARY WORK:**

Describe any relevant work that you have undertaken.

Years	Hours Per Year	Organisation	Involvement
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. **HOBBIES AND INTERESTS:** (Including Sports)

6. **REFEREES:**

(Please nominate two people able to comment on your ability to perform the duties of the position applied for and enclose copies of any other written references that you may have).

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Telephone: (Bus) _____	Telephone: (Bus) _____
(Home) _____	(Home) _____
Relationship to Applicant: _____	Relationship to Applicant: _____

I agree that you may collect information about me from any source, which relates to my application for employment, except for my current employer who will not be contacted without my express permission. This form is an authority for those people you contact to disclose any appropriate information.

I am aware that any information supplied by my referees is evaluative material, and that it is supplied to you on the basis that each referee has been promised that their identity, and the information they have provided, will not be revealed to me. I understand that I am not entitled to the disclosure of that information.

As a condition of employment, I agree to comply with the safety rules and procedures, and the safe working practices, required by the Council.

Signature of Applicant: _____

Date: _____

7. **MISCELLANEOUS:**

Please record details of any other information that you would like the selection panel to consider in support of your application:

8. **DECLARATION:**

I certify that, to the best of my knowledge, the answers I have given above are true and correct.

I understand that the information above will be used to determine my eligibility to appointment by the selection panel.

I also understand that any "evaluative material" such as interview notes and comments: psychological evaluations and information from reference enquiries will be confidential to the selection panel.

I declare that:

- (i) I am legally entitled to work in New Zealand;
- (ii) All representations made in relation to my application for employment, whether oral or in writing, as to my qualifications and experience, are true and complete and include the names of all my previous employers;
- (iii) I have, at the bottom of this form, disclosed any criminal convictions or charges I may have, and any disabilities and/or medical conditions which may restrict my ability to perform the role that I have applied for;
- (iv) I have not deliberately failed to disclose any matter which may materially influence any decision to employ me, which includes but is not limited to any termination of my employment at the initiative of any previous employer, and the reasons for any such termination.

Criminal Convictions: _____

Disabilities/medical conditions that may affect my ability to perform the role:

(Signature) (Date)

(Office Use Only)

Application received on: _____

Interview time: _____

2nd interview time: _____

Reference checks completed by: _____

Employment offer sent: _____

Rejection letter sent: _____