



*“Working with the people of the West Coast to sustainably manage
The environment for the social, cultural and economic well being
Of present and future generations”*

Application for Employment

This is an application for employment with the West Coast Regional Council. Should that application result in an employment arrangement it will form part of an Employment Agreement. The application form is a source of information, which will assist Council in considering your suitability for the position for which you are applying. If successful in obtaining employment, such information requested will form part of the Council’s personnel records. Failure to supply the required information may prejudice the council’s ability to determine your suitability for the position.

You are entitled to access this information upon request to The West Coast Regional Council. This information is currently held at 388 Main South Road, Greymouth.

What position are you applying for?	
Where did you see the position first advertised?	

Personal Information						
First Names		Surname				
Address:						
Phone:	Home:		Work:		Mobile:	
Email:						
(A copy of your Birth Certificate may be required if employment is offered to you)						

Work Status				
Are you a New Zealand Citizen?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have the right of permanent residence in New Zealand?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a work permit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
You will be required to provide evidence of your entitlement to work in NZ (ie. production of a work permit or residency papers)				

Education			
Please Note: You are not required to complete the following sections if you are submitting a CV containing the information requested.			
Name of School/Technical Institute/ University, etc	Dates Attended		Qualifications Obtained
	From	To	

Trade/Occupational Qualifications and Experience			
Do you have any qualifications relevant to the position for which you are applying		Yes	No
If so, give details			
Please describe any knowledge/skills and experience you possess which may be relevant to the position for which you are applying			
If so, give details			

Employment Record			
List your current or most recent employer first. Include periods of employment, travel and full-time study. (For further employment records, please continue on a separate sheet.) Details may be shown on an attached CV.			
Current/Past Employer			
Period Employed:	From:		To:
Position:			
Reporting to:			
Responsible for			
Reason for Leaving:			
Current/Past Employer			
Period Employed:	From:		To:
Position:			
Reporting to:			
Responsible for			
Reason for Leaving:			
Current/Past Employer			
Period Employed:	From:		To:
Position:			
Reporting to:			
Responsible for:			
Reason for Leaving:			

Referees

You are required to provide at least two referees, preferably from your most recent employment. If you have not been in previous employment character referees are sufficient.

Name of Person to Contact	Relationship to you (Employer/Colleague/Neighbour/Friend)	Phone Number

I consent to Council seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by the council is supplied in confidence as evaluative information, and as such will not be disclosed to me.

Signature		Date:	
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Personal Interests/Hobbies

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Health Issues

If necessary you may be required to undergo a pre-employment medical check, the costs of which will be met by the council.

Do you have any known health condition of any kind, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, give details	
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Have you suffered any injury or illness that may affect your ability to effectively carry out the physical requirements, functions and responsibilities of the position applied for (eg, a previous back injury, carpal Tunnel, Tennis Elbow or other repetitive strain injury)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, give details	
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Are you on any medication which may affect your performance in the position that you have applied for?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, give details	
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Drivers Licence

Do you hold a current full New Zealand Driving Licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, Number:		Class:	
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Expiry Date:		No. of Demerit Points:	
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Has your Driver Licence been cancelled within the last five years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Is there any matter pending which could affect the status of your Driver Licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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General			
Have you had any criminal convictions within the last five years?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes, give details	<input type="text"/>		
Are you currently awaiting the hearing of any criminal charges?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you prepared to work overtime as and when required?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you prepared to travel and stay away from home overnight if required?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you prepared to work flexible hours if required?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Additional Information			
If this application is unsuccessful, do you consent to having your details held on file for a period of 6 months to be assessed for suitability of other vacancies that may arise if appropriate?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If your application is successful, when could you start work?	<input type="text"/>		

Declaration	
I, <input type="text"/>	(full name)
<p>1. Declare that the answers to the questions in the application are true and correct and I understand that the information requested within this application form is sought to establish my suitability for the position that I am applying and that if I do not provide such information then this application for employment may be rejected.</p> <p>2. Authorise any screening processes that Council sees fit to exercise in considering this application. I understand this process may include employer references and checking of criminal and medical records.</p> <p>3. Note that any offer of employment does not constitute an employment agreement until a separate agreement has been evidenced in writing and signed by the West Coast Regional Council and myself.</p> <p>4. Am not aware of any personal circumstance, medical condition or disability that would limit my ability to adequately perform the role for which I seek appointment.</p> <p>5. Accept that, should my application be successful, the foregoing information will form part of my contract of employment and falsification of any information is grounds for dismissal.</p> <p>6. By returning this application electronically it is acknowledged that I fully agree with the above declaration. Applicants invited to an interview will be required to sign this declaration</p>	
Signature <input type="text"/>	Date: <input type="text"/>