

Application Form

Note: This application form template can be removed from this book, copied and sent to potential employees for completion or alternatively applicant can fill this out when arriving for their first interview.

Use this template for each applicant. Additional copies can be found at dairynz.co.nz/quickstart

This information is collected for the purpose of assessing your suitability for employment. Applicants must complete this form personally, answer all questions, and sign the declaration. All applicants have the right to access personal information and to request any correction necessary to ensure its accuracy. The Employment Application Form and your CV will be retained for 12 months then may be destroyed unless you request your CV to be returned to you.

Role applied for:	
Name	
Address	
Phone number	
Mobile number	
Email address	

Personal information

Do you have any criminal convictions or court action pending?	yes / no
If yes, please detail... we may check this against: www.police.govt.nz/service/vetting/	
Do you have permanent residency in New Zealand?	yes / no
If not, are you legally entitled to work in New Zealand	yes / no
Do you give us permission to carry out a police check?	yes / no
Applicant signature	
Do you have a valid driver's licence?	yes / no class:

Employer name	
Role	
Key responsibilities	
Dates employed	from _____ to _____
Reason you left the job	

Employer name	
Role	
Key responsibilities	
Dates employed	from _____ to _____
Reason you left the job	

Education

What is your highest formal qualification? (e.g. NCEA level, AgITO, Diploma, Degree)	
Please list any other relevant qualifications you have	

Health

Have you had an injury or do you have a medical condition caused by gradual process, disease or infection (for example hearing loss, sensitivity to chemicals, occupational overuse or repetitive strain injuries, stress or depression), which the tasks of this job may aggravate or contribute to?	yes / no If yes, please detail:
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Do you have any health or physical condition which may affect your ability to effectively carry out the functions and responsibilities of the position you have applied for?	yes / no If yes, please detail:
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I agree to attend a medical practitioner if requested by the above named employer	yes / no
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I agree to undergo a drugs test if requested by the above named employer	yes / no
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Declaration

Ideclare that the answers to the questions in this application are true and correct. I understand that if any of the information is proved to be false or misleading or any relevant information is left out on this form or any other supporting documents, e.g. CV, then this may lead to my application being rejected or if appointed to a role, then I may be instantly dismissed.

Applicant signature		Date	
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Interview	yes / no
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