



PRIVACY ACT 1993: The information which you supply on this form is used to assess your suitability for employment with Trust House. This information will be held secure in our Personnel Files and under our rules of access, no information will be disclosed to third parties without authorisation, except as required by law. You have right of access to personal information and the right to seek correction of information to ensure that it is accurate.

Position Applied For								
Outlet								
Work Required (circle)	FULL TIME		PART TIME			CASUAL		
Days Available (circle)	ALL	MON	TUE	WED	THU	FRI	SAT	SUN

SECTION 1. PERSONAL DETAILS

PLEASE PRINT

Surname								
First Name(s)	Mr / Mrs / Miss / Ms / Other							
Are you known by any other name?	If yes, please state:							
Age last birthday		Date of Birth		What ethnicity do you most closely identify with?				
		(for KiwiSaver purposes only)		<input type="radio"/> New Zealand European				
Residential Address				<input type="radio"/> Māori				
				<input type="radio"/> Pacifica				
				<input type="radio"/> Asian				
Home Number ()		Mobile Number	()	<input type="radio"/> Other (please specify)				

SECTION 2. QUALIFICATIONS

PLEASE PRINT

List Qualifications		
Other Languages Spoken		

SECTION 3. 16 AND 17 YEAR OLDS MUST COMPLETE

PLEASE PRINT

Are you 16 or 17 years of age? **Yes** **No**

If you have answered **Yes** is this the **first time** that you will earn wages that you will pay tax on? **Yes** **No**

If you are 18 years old or over **do not** complete the shaded section below. If you are 16 or 17 years old you will need to complete all of Section 4 and supply evidence of previous taxable employment or you will be paid the "New Entrants" rate until evidence is received. Please note 3 months or 200 hours taxable employment (whichever comes first) will need to be worked after reaching age 16 to get the minimum wage (adult rate).

SECTION 4. EMPLOYMENT HISTORY

PLEASE PRINT

Name of Employer	Address of Employer	Length of Service (from when to when)	* Total Hours with all employers	Position Held	Reason for Leaving

* Complete this column only if you are 16 or 17 years old and you have previous taxable employment since turning 16 that you want counted.



SECTION 5. REFEREES

PLEASE PRINT

Please provide the name of three referees (2 work related and 1 personal) who may be contacted

Name and Address	Phone Number	Occupation

In providing us with these names you authorise Trust House Limited to collect personal information about you which is directly related to this application.

SECTION 6. GENERAL

PLEASE CIRCLE

Do you have a current driving licence? If yes, provide licence number _____

YES

NO

Have you been convicted of any criminal offence in the last 5 years? If yes, please provide details _____

YES

NO

(A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merit)

Do you have any criminal proceedings pending? If yes, please provide details _____

YES

NO

Have you ever been declared bankrupt or had a company in which you were a director put into liquidation? _____

YES

NO

Are you legally entitled to work in New Zealand? _____

YES

NO

Have you worked for Trust House Limited previously? If yes, where and when? _____

YES

NO

SECTION 7. HEALTH

PLEASE CIRCLE

1. Are you currently engaged in any other employment, which will continue if you are successful in gaining this position? _____

YES

NO

2. Have you ever been diagnosed with and/or treated for Occupational Overuse Syndrome or any other similar condition? _____

YES

NO

3. Do you have or have you, ever suffered from any back problems? _____

YES

NO

4. Do you think the back problem will cause you any limitations in the type of employment you are seeking? _____

YES

NO

5. Do you, or have you ever suffered from any form of hearing problem? _____

YES

NO

6. Do you, or have you ever suffered from any eyesight impairment including needing to wear glasses? _____

YES

NO

7. Have you ever been diagnosed with, or suffered a stress related condition such as a nervous breakdown? _____

YES

NO

8. Do you have any other condition that you are aware of including but not limited to asthma, allergies, heart or respiratory problems or high blood pressure? _____

YES

NO



Comments (if you answered 'Yes' to any of the above questions, please add comments in corresponding boxes below)

1. Employment type:	
2. When: Treatment Type: Completion Date:	
3. When: Treatment Type: Completion Date:	
4. How?	
5. Treatment Type: (e.g. Hearing Aid) Severity:	
6. Treatment Type: (e.g. glasses) Severity:	
7. When: Treatment type:	
8. When Treatment Type: Completion Date:	

The information above has been provided by myself voluntarily.

Note: As a precondition of employment, you may be required to undergo a medical examination.

Note: Failing to answer medical questions in relation to work related gradual process injuries accurately, may result in a disentitlement to cover for those injuries under the Act. Deafness or hearing loss under the Act may not be covered for work related injuries if the employee has not undergone a base line hearing test before commencing employment.

SECTION 8. DECLARATION		PLEASE SIGN
<p>I CERTIFY that the above information is, to the best of my knowledge, true and correct and authorise investigation of all information contained herein. I understand that if I have given false or misleading information or if I have left out any important information, I may not be considered for appointment. If I am appointed before the inaccuracies are discovered, my employment may be terminated. I understand that in some situations, providing false information may amount to an offence under the Crimes Act. I understand that if I accept employment I will be required to sign an Individual Employment Agreement.</p>		
Applicant's Name	<input type="text"/>	
	<input checked="" type="checkbox"/>	
Applicant's Signature	<input type="text"/>	
	<input checked="" type="checkbox"/>	
Dated	<input type="text"/>	