

MDC EMPLOYMENT APPLICATION FORM

The information you provide on this application for employment form will be collected and confidentially held by Masterton District Council.

PERSONAL DETAILS

Full name:

Address:

Contact phone number(s):

Email address:

If your application is successful, you will be required to confirm your identity.

POSITION DETAILS

Which position are you applying for?

If you have previously been employed by Masterton District Council, please list any former roles you held and the years.

Please indicate, by name, if you have a relative, close friend or household member currently employed by Masterton District Council or who is in a position that could possibly cause conflict if you were appointed.

How did you first learn of this position?

- Seek
- TradeMe
- LG Jobs
- Newspaper
- MDC Website
- LinkedIn
- Facebook
- Word of Mouth
- Other (please specify)

RIGHT TO WORK STATUS

Are you a New Zealand or Australian citizen or permanent resident?

- Yes
 No

If no, to you hold a current valid work visa?

Expiry date of visa:

Any conditions of visa:

If your application is successful, you will be required to provide evidence of your entitlement to work in NZ (i.e. passport, production of a work visa or residency papers)

REFEREES

Please provide the names, their relationship to you, phone number, and email address of at least two work related referees.

Referee 1:

Referee 2:

Referee 3:

Do you consent to Masterton District Council contacting the above-named person(s) as referees?

- Yes
 No

Do you understand that the information received by MDC is supplied in confidence as evaluative material only and will not be disclosed to you?

- Yes
 No

GENERAL

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

- Yes, full
 Yes, restricted
 Yes, learners
 No

Driver Licence here:

Have you been convicted of any criminal offence in the last 7 years? If yes, please provide details.

- Yes
 No

Provide details here:

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

- Yes
 No

Provide details here:

Have you ever been declared bankrupt or had a company at which you were a director put into liquidation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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HEALTH

1. What are your salary expectations for this role?	\$
2. Are you currently engaged in any other employment, which will continue if you are successful in gaining this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been diagnosed with and/or treated for Occupational Overuse Syndrome or any other similar condition>?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have or have you, ever suffered from any back problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you think the back problem will cause you any limitations in the type of employment you are seeking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you, or have you ever suffered from any form of hearing problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you, or have you ever suffered from any eyesight impairment including needing to wear glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been diagnosed with, or suffered a stress related condition such as a nervous breakdown?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Employment Type?	
When/How?	
Treatment Type?	
Completion Date?	
Employment Type?	
When/How?	
Treatment Type?	
Completion Date?	
Employment Type?	
When/How?	
Treatment Type?	
Completion Date?	

DECLARATION

1. I agree and declare that all the information I have provided on this Application for Employment form is a true and accurate record.
2. I authorise any screening processes that the Council sees fit to exercise in considering this application. I understand this process may include employer references and checking of criminal conviction check and/or police check, etc.
3. I am not aware of any personal circumstances, medical condition or disability that would limit my ability to adequately perform the role for which I am applying.
4. I accept that, should my application be successful, the information in this document will form part of my contract of employment and falsification of any information is grounds for dismissal.
5. 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.

Signed:

Date: