



WAITANGI TREATY GROUNDS
APPLICATION FOR EMPLOYMENT

Confidential

To be completed personally by the applicant

This information is collected for the purpose of assessing your suitability for employment with Waitangi Limited and completion of the application does not include any guarantee of employment.

Date of application _____

POSITION APPLIED FOR _____

YOUR NAME

Family name _____

Given Names _____

(underline the name used)

Any other names you use _____

CONTACT DETAILS

Address _____

Phone 1 _____

Phone 2 _____

Email _____

WORK STATUS

Are you over 18? Yes / No

Have you qualified for National Superannuation? Yes / No

Are you a NZ Citizen or Permanent Resident? Yes / No

If not, do you have a current work permit? Yes / No

EDUCATION

Name and location of Secondary School(s) _____

Qualification level from School _____

Name and location of Tertiary Education(1) _____

Qualification achieved _____

Name and location of Tertiary Education (2) _____

Qualification achieved _____
Other relevant qualification and skills _____

EMPLOYMENT HISTORY

(please only complete this section if you DO NOT have a CV to accompany your application form)

Most recent first

Employer _____
Location _____
Position held _____
Main duties _____
Hours worked per week _____
Dates employed _____
Reason for leaving _____
Do you consent to Waitangi Limited contacting this employer for the purpose of reference checking? Yes / No

Employer _____
Location _____
Position held _____
Main duties _____
Hours worked per week _____
Dates employed _____
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Position held _____
Main duties _____
Hours worked per week _____
Dates employed _____
Reason for leaving _____

Do you consent to Waitangi Limited contacting this employer for the purpose of reference checking? Yes / No

Detail any other relevant job history _____

Is this the first time you have applied for a position with Waitangi Limited? Yes / No
If not, when did you apply and for what position?

Have you ever been employed by Waitangi Limited? Yes / No
If Yes, when and in what position?

Do you have any family or household members currently working for Waitangi Limited? Yes / No
If Yes, please give details.

Do you currently have secondary employment? Yes / No
If Yes, give details.

If your application is accepted when could you commence employment?

Names and Contact details of at least 2 work related referees

1.Name _____
Position _____
Organisation _____
Email _____
Phone _____

2.Name _____
Position _____
Organisation _____
Email _____
Phone _____

I consent to Waitangi Limited seeking verbal or written information about me on a confidential basis from my previous employers and referees for the purpose of ascertaining my suitability for the position applied for.

Signed

Date

GENERAL

Do you have any criminal convictions?
Are you awaiting a conviction or court appearance?
Do you have a current drivers license?
If Yes, give number and type of license.

Yes / No
Yes / No
Yes / No
Yes / No

MEDICAL

Have you had any injuries or medical conditions that may be aggravated or affected by any part of the job you have applied for?

If Yes, please give details.

Do you have any medical condition that may affect your ability to do the job applied for? Eg; hearing, eye sight.

If Yes, please give details.

If you are not successful in this application, do you consent to Waitangi National Trust retaining this information and to contact you should any other position arise that you may be a suitable applicant for?

DECLARATION

I, _____ declare that my responses in this application are correct and if it is subsequently found that any information is incorrect or been withheld, my employment will be terminated.

I also understand that any false or undeclared medical information could result in a loss of entitlement to ACC compensation.

Signed

Date