



Application for Employment

All information collected on this form, and in the course of assessing your application, will be handled in accordance with the provisions of the Privacy Act 1993.

Position applied for: _____ Date: _____

Personal Details

First name(s): _____ Last name: _____

If you are known by any other names please record them here: _____

Address (Residential): _____

Telephone No:

Home : _____

Work: _____ Can we contact you at work? Yes No

Mobile: _____

Email: _____

Website: _____

Do you own a car? Yes No

if yes, what Make/Model? _____ Year _____

Do you have a valid driver's license? Yes No

Are you able to work flexible hours? Yes No

General Information

Are you legally entitled to work in New Zealand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had any criminal convictions in the past 10 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you any criminal convictions pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you any outstanding fines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered "yes" to any of the above please provide brief details:

(Please note that preferred candidates will be required to undergo a check through the Department for Courts. We reserve the right not to confirm an appointment, irrespective of any information concerning criminal conviction or outstanding fines declared during the selection process.)

Have you had an injury or medical condition caused by gradual process, disease or infection – for example, hearing loss or occupational overuse injuries – which the tasks of this job may aggravate or contribute to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Colour blindness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stress related illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High Blood Pressure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Glandular Fever?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back Injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
RSI?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answer "yes" to any of the above please provide brief details:

Do you have family commitments that may require you to be away from work? Yes No

If you answered "yes" please provide brief details:

Are there any other matters which we should be aware of which may affect your suitability for employment with us? Yes No

If you answered "yes" please provide brief details:

Current Employment Status

Are you currently employed? Yes No

Working in casual / part time / contract / work with:

- Company: _____
- Address: _____
- Position held: _____
- Hours working _____
- Date commenced: ____/____/____

Permanent position with:

- Company: _____
- Address: _____
- Position held: _____
- Date commenced: ____/____/____

(If more space is required, attach an extra sheet to the back of this form)

Previous Work History

(list your previous positions starting from most recent, include all work and periods of unemployment or travel so no gaps are left)

Dates	Company Name	Address	Position Held & Duties	Reason for Leaving
____/____/____ to ____/____/____				
____/____/____ to ____/____/____				
____/____/____ to ____/____/____				
____/____/____ to ____/____/____				
____/____/____ to ____/____/____				
____/____/____ to ____/____/____				

(If more space is required, attach an extra sheet to the back of this form)

Training and Qualifications

Qualifications: _____ Year completed: _____

Secondary education: Level completed _____ Year completed: _____

Other relevant training/qualifications: _____

(If more space is required, attach an extra sheet to the back of this form)

If you are applying for a design role, please attach at least 5 samples of current work.

Income Information

Your current income \$ _____ p.a.

Any other benefits \$ _____

What income do you want to earn over the next 12 months (being objective and realistic)? \$ _____

Interests

What out of work interests/commitments do you have? (Sports, Hobbies, Clubs etc.) Special Achievements?

Work-Related Referees

(please list at least three people who have been your supervisor or Manager. Personal referees are not required)

Referee 1.

Please do not contact my current employer at this stage **OR**

Contact details for current employer:

Name of Referee: _____

Position Title of Referee: _____

How long you have reported to them: from ____/____/____ to now

Home Telephone: (____) _____

Work Telephone: (____) _____

Mobile Telephone: _____

Referee 2.

Name of Referee: _____

Position Title of Referee: _____

How long you reported to them: from ____/____/____ to ____/____/____

Home Telephone: (____) _____

Work Telephone: (____) _____

Mobile Telephone: _____

Referee 3.

Name of Referee: _____

Position Title of Referee: _____

How long you reported to them: from ____/____/____ to ____/____/____

Home Telephone: (____) _____

Work Telephone: (____) _____

Mobile Telephone: _____

I understand that if I or any other person withholds relevant information about me, my application may not be further considered. I also understand that my employment may be terminated if, after investigation, an employer discovers any information which I have provided, or which has been provided about me is false or misleading.

I certify that all information provided is accurate, true and complete.

I authorise Lime-Red Design and their representatives to contact the referees given.

Signature _____

Date: _____

Additional Information

Completion of this section is voluntary. Information you provide will not be used in the selection process.

Advertising

To help us identify which are our most successful advertising options, it would be appreciated if you could tell us where you learned about this vacancy.

Newspaper (please specify which paper):

.....

Internet (please specify which site):

.....

Other (please specify):

.....

Equal Employment Opportunity Information

It is our policy not to discriminate on the grounds of a person's gender, marital status, sexual orientation, religious or ethical belief, race, ethnicity or national origins, disability, age, political opinion, employment status, or family status.

It would be appreciated if you would complete this section. Information you provide will only be used for statistical.

All information supplied will be treated in strict confidence.

Position applied for: _____

Gender: Female Male

Age: _____ (years)

Please tick where applicable:

New Zealand Maori

New Zealand European/ Pakeha

Non New Zealand European

Pacific Islands

Other Ethnic Minority _____ (please specify)