

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? Have you qualified for National Superannuation? Are you a NZ Citizen or Permanus If not, do you have a current were supported to the state of the	nent Resident?	Yes / No Yes / No Yes / No Yes / No	
EDUCATION Name and location of Second Qualification level from School Name and location of Tertiary Qualification achieved Name and location of Tertiary Qualification achieved Other relevant qualification an	Education(1)		
EMPLOYMENT HISTORY			
(please only complete this sectiform)	on if you DO NO	T have a CV to ac	company your application
Most recent first			
Employer			

Location Position held Main duties Hours worked per week Dates employed Reason for leaving Do you consent to Waitangi checking? Yes / No	Limited contactin	ng this employer for the purpose of reference
Employer Location Position held Main duties Hours worked per week Dates employed Reason for leaving Do you consent to Waitangi checking? Yes / No	Limited contactin	ng this employer for the purpose of reference
Employer Location Position held Main duties		
Hours worked per week Dates employed Reason for leaving Do you consent to Waitangi checking? Yes / No	Limited contactin	ng this employer for the purpose of reference
Employer Location Position held Main duties Hours worked per week Dates employed Reason for leaving Do you consent to Waitangi checking? Yes / No	Limited contactin	ng this employer for the purpose of reference
Detail any other relevant job history		
Is this the first time you have position with Waitangi Limite If not, when did you apply a position?	qś	Yes / No
Have you ever been employ Limited? If Yes, when and in what pos		Yes / No

Do you have any family or household members currently working for Waitangi Limited? If Yes, please give details.	Yes / No			
Do you currently have secondary employment? If Yes, give details.	Yes / No			
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?	Yes / No
Are you awaiting a conviction or court appearance?	Yes / No
Do you have a current drivers license?	Yes / No
If Yes, give number and type of license.	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