



Employment Application Form

This form is to be personally completed and signed by the applicant.
We will contact you should a suitable position become available.

If the details requested are replicated on your CV, please indicate
accordingly alongside each section 'refer to attached CV.'

• Position

Position Applied for: _____

Available Start Date: _____

• Personal Details

Today's Date _____

Gender: Male Female

Family Name: _____

First Name(s): _____

Known as: _____

Mr Mrs Miss Ms Other

Street Name/Number: _____

Suburb: _____

City: _____

Postcode: _____

Home Phone Number: _____

Mobile Phone Number: _____

Email Address: _____

Date of Birth: _____

• Education/Training

Please indicate the highest school qualification you attained:

Please list any training courses you have completed:

• Work History

Are you currently employed?

Yes

No

If currently employed, how long? _____

What level of notice are you required to give? _____

Details of employment history, including self employment (most recent or current first):

Company Name: _____

Type of Business: _____

Starting Date: _____

Finishing Date: _____

Job Title: _____

Duties/Responsibili- _____

Company Name: _____

Type of Business: _____

Starting Date: _____

Finishing Date: _____

Job Title: _____

Duties/Responsibili- _____



• Your Health

Please tick yes or no:

1. Do you suffer from any of the following conditions?

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| - Allergies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Back Condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Dermatitis or Skin Condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Heart Disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - High Blood Pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Alcohol/Drug Dependency | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Have you ever had a back injury?

- Yes No

If yes, please provide details: _____

3. Have you ever been off work on an ACC benefit due to an accident of any sort?

- Yes No

4. Do you suffer from or have you suffered from any injury, problems or conditions that were attributable to RSI or OUS?

- Yes No

If yes, please provide details: _____

5. Do you smoke?

- Yes No

6. Do you have any recurring medical conditions that Cookie Time should be aware of? (eg. Epilepsy, Diabetes, Back pain) or is there anything that has required you to be away from work for any length of time?

- Yes No

If yes, please provide details: _____

• Interests & Activities

Please indicate your interests and activities away from work:

• Applicant's Declaration

2. Do you require a work permit to work in New Zealand?

Yes No

If yes, please state when your permit expires: _____

3. Do you hold a student visa?

Yes No

If yes, please state when your permit expires: _____

Please provide copies of work/student visa permit, along with a driver's license or other identification

3. Do you have any criminal convictions?

Yes No

I expressly authorise Cookie Time Ltd. to use the information in this form to assess my suitability for employment. I confirm that the information provided is true and complete. Any false statement may be sufficient cause for rejection, or if employed summary dismissal. In addition I give permission for Cookie Time Ltd. to retain this application if any work should become available in the future.

Signature: _____

Date: _____

This section is only to be filled out once an offer of employment has been made

• Emergency Contact

Please give the names of people we can contact in the event of an emergency:

Contact Name: _____

Relationship to you: _____

Phone Number: _____ Mobile Phone Number: _____

Next of Kin:

Contact Name: _____

Relationship to you: _____

Phone Number: _____ Mobile Phone Number: _____

• Bank Details

Bank: _____

Branch: _____

Please provide a deposit slip or other supporting documentation as proof of your account number

Account Number:

IRD Number:

Tax Code: () _____

Commencement date of Employment: _____

Commencement date of Contract: _____