



**Southland Youth One Stop Shop**

**Employment Application**

Position Applied for: \_\_\_\_\_

**Applicant Information**

*Under the Privacy Act 1993, all information given will be treated as confidential and will only be made available to those involved in the selection process. You have the right of access to any of your personal information and also to seek any correction you think necessary to ensure accuracy.*

*Information relating to unsuccessful applicants will be destroyed 90 days after the appointment process is complete.*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of birth \_\_\_\_\_

Please tick the appropriate box:

NZ Citizen  Require NZ Work Permit

Permanent NZ Resident  Hold NZ Work Permit

**Court Convictions**

*This information is required to because some convictions will be unacceptable in some positions. If you answer yes to either of the following questions you may be asked for further details at interview*

Have you been convicted of any offence against the law in the last 10 years?

YES

NO

Are you awaiting sentence or do you currently have charges pending?

YES

NO

If yes, please provide full details \_\_\_\_\_

## Health

*This information is required to assist Number 10 in meeting its obligations under the Health and Safety at Work Act 2015 and the Accident Rehabilitation and Compensation Insurance Act 1992. The Acts require that where possible we should reasonably accommodate applicants with such conditions.*

Have you had any injury or medical condition caused by gradual process, disease or infection – for example: hearing loss, sensitivity to chemicals, repetitive strain injuries – which the tasks of this job may aggravate or contribute to?

YES

NO

If yes, please give details and describe any technical aids, equipment or adaptations to the workplace that you would require to make your work easier and/or increase your performance:

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## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_



Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_



Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

**NOTE: PLEASE SUPPLY A FULL CV/RESUME AND COVER LETTER ALONG WITH THIS APPLICATION FORM.**

**Disclaimer and Signature**

*I declare that to the best of my knowledge, the answers to the questions asked here and all information submitted with my application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be employed, or if I am employed, I may be summarily dismissed.*

*I give consent to the Number10 SYOSS to contact my referees in relation to my application for this position and to make inquiry to previous employers, or other persons, or institutions deemed necessary to satisfy Number 10 regarding suitability for a position*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_