

Position applied for:	Date:
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Personal information				
Preferred title:	Mr	Mrs	Miss	Ms
Surname:			First names:	
Address:				
Home phone:			Mobile:	

Work status	
Are you a New Zealand citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the right of permanent residence in NZ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education <small>Note: You are not required to complete the following section if you are submitting a CV containing the information requested.</small>		
Name of School/Technical Institute/University etc	Date	Qualification/training obtained

Licences <small>Note: Licence information is requested as this is required for many positions</small>	
Do you have a drivers licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Classes held: (please circle)	1    2    3    4    5    6    F    R    T    W    D

Trade/Occupational qualifications and experience
Do you have any trade licences or qualifications relevant to the position for which you are applying, or that could be of value to WestReef? If yes, give details.

Skills/experience
Please describe any knowledge/skills and experience you possess that may be relevant.

<b>Employment history</b> List your current or most recent employer first.			
Date (from/to)	Employer	Position held	Reason for change

<b>References</b> Where possible include previous employers and/or persons with knowledge of the skills you have listed in this application.		
Name	Business/Professional Occupation	Phone number/email

I consent to WestReef seeking verbal or written information about me from representatives of my previous employer and/or referees and authorise the information sought to be released for the purposes of ascertaining my suitability for the position I am applying for.

<b>Medical information</b>	
Applicants may be required to complete a pre-employment medical check, paid for by WestReef.	
Do you have any known health conditions of any kind that may affect your ability to effectively carry out the type of work applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or have you ever suffered from any injury or illness that may affect your ability to effectively carry out the requirements of the position, including but not limited to: dermatitis, hernia, back injury, back strain, knee or hip injury or replacement, deafness, diabetes, epilepsy or colour blindness.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please note, identifying one of these health conditions or injury does not automatically rule you out of potential employment, but assists us in ensuring that any work offered is suitable or that any conditions can be managed.	
<b>Criminal records</b>	
Have you had any criminal conviction within the last seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:	
Are you currently awaiting the hearing of any criminal charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Declaration</b>	
I, ..... (full name), declare that the answers to the questions in this application are true and correct. I accept that should my application be successful the foregoing information will form part of my contract of employment and falsification of any information is grounds for dismissal. I authorise any screening process that WestReef sees fit to exercise in considering this application.	
Signature:	Date: