APPLICATION FOR EMPLOYMENT FORM



CONFIDENTIAL To be completed personally by Application	ant
Date of Application:/ Position Title: Commercial Mowing Position	n
The completion of this form does not indicate that there is any obligation on Te Runanga o No Mutunga (TRONM) to engage the applicant. Your CV will not be kept for longer than 3 months if y are not employed.	
This information is collected for the purpose of assessing your suitability for employment at TRON which may include subsequent changes in employment with the organisation.	VМ,
(Please complete and return this with your letter of application, CV and copies of your qualifications	5).
Position Applied For: Commercial Mowing Position	
Please advise where you saw this vacancy advertised:	-
YOUR NAME	
Title: How do you like to be addressed: Mr. Mrs Ms. Miss Other	
Family Name:	
Given Names:	
Preferred Name:	
Other names you are known by:	
YOUR CONTACT DETAILS	
Contact Address:	
Home Phone No:Mobile:	
Email Address:	
TRONM may communicate with you by email in the first instance during the selection process.	

Have you reached t	the current school leaving age?	Yes No]
LEGAL WORK STA Are you legally entit As:	ATUS tled to work in New Zealand?	Yes 🗌 N	No 🗌
A New Zealand Citiz	zen	Yes 🗌 I	No 🗌
A Permanent Resid	ent	Yes 🗌 🔝	No 🗌
A holder of a curren	A holder of a current Work Permit Yes No		No 🗌
If you are not a perma	anent resident, please advise work p	ermit details.	
QUALIFICATIONS	, , , , , , , , , , , , , , , , , , , ,		eg Diploma in Business
	ified copies may be required if you are i	merviewea.	
School Certificate			
Six Form Certificate			
University Entrance			
Bursary			
NCEA 1			
NCEA 2			
NCEA 3			
Certificate		·	
Diploma			
Bachelor			
Masters			
PhD			
Other			
EMPLOYMENT HIS	ETODV		
Present or Most Re			
	· ·		
Address:			
Job Held:			
Main Duties:			
No of hours worked	per week:	Length of Service:	
Reason for Leaving	:		

Next Most Recent Employer Company:		
Address:		
Job Held:		
Main Duties:		
No of hours worked per week:		
Reason for Leaving:		
Next Most Recent Employer Company:		
Address:		
Job Held:		
Main Duties:		
No of hours worked per week:	Length of Service:	
Reason for Leaving:		
Give details of any other job which may be relevant:		
CONFLICT OF INTEREST		
Have you ever worked for TRONM or an associated	company before?	
If yes, where and when:		s No
Do you have a spouse, partner, relative or househol	_	
(this will not prejudice your application) If yes, please give details	Ye	s
Do you have secondary employment?	Υe	es 🗌 No 🗌
If yes, please give details:		
If you are invited to an interview, do you wish to bring family members or friends with you? Please advise	Yε	es No 🗌
If your application is successful when could you com	nmence employment? _	

	vise of at least two referees, include able to contact the referees easily erees are available.	•	
Name:			
Position:			
Address:			
Phone No:	Email:		
Name:			
Position:			
Address:			
Phone No:	Email:		
Refere	ees will only be contacted follov	ving an interview	
Mutunga seeking verbal referees, and authorise s Mutunga for the purpose applying. I understand t	(full name) or written information on a cosuch information to be release e of ascertaining my suitabilithat the information received bevaluative material and will not	infidential basis about red by them to Te Runa by for the position for by Te Runanga o Ngati	me from my nga o Ngati which I am
Signature:		Date:	
CRIMINAL RECORD			
Criminal Records (Clean http://www.justice.govt.nz/p	ged to answer these questions unla an Slate) Act 2004. For privacy/clean-slate.html TRONM or of appointment being made, subj	detailed definition of may request a criminal	the Act visit
Have you been convicted	d of a criminal offence?	Yes	□ No □
If Yes, please give detail	s:		
Do you have any crimina	al charges pending?	Yes	□ No □
If Yes, please give detail	s:		
İ			

DRIVER'S LICENCE			
Do you have a current valid NZ driver's licence? You must supply copies if you are employed by TRONM Yes No			
If yes, what class(s)? Drivers Licence No.: Expiry Date:			
Do you have any infringements? Yes No			
Do you have any cases pending? Yes No			
If yes, please detail:			
GENERAL What are your interests/hobbies/sports/clubs or community activities? (optional)			
MEDICAL This information is collected to ensure your continual safety in meeting the requirements of the position applied for. It also allows for TRONM to consider all aspects that may be required to identify any special needs you may require to ensure your safety in the position. Have you had or do you currently have an injury, illness or medical condition (including any ACC claim) that may be aggravated by this position or affect your ability to perform the duties? Yes \[\] No \[\]			
If yes, please give details:			
If you have had a previous ACC claim, is your claim still open? Yes No			
If yes, are you still undergoing rehabilitation? Yes No			
Do you consent to TRONM retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with this organisation in the future? Yes			
DECLARATION			
I,(full name) declare that to the best of my knowledge the information provided in this application and in any resume enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment will be terminated.			
Signed: Date:			