



# RUAPEHU DISTRICT COUNCIL

Private Bag 1001, Taumarunui 3946, New Zealand  
Telephone 07 895 8188 • Fax 07 895 3256  
Email info@ruapehudc.govt.nz  
Website www.ruapehudc.govt.nz



## Job Application Form

This is an application for employment with the Ruapehu District Council. Should that application result in an employment arrangement it will form part of an Employment Agreement. It should therefore be completed and signed by the applicant in person.

The application form is a source of information, which will assist Council in considering your suitability for the position for which you are applying. If successful in obtaining employment, such information requested will form part of Council's personnel records.

Equal Opportunity - The Ruapehu District Council is an Equal Opportunity Employer. We hire, train and promote without regard to race, sex, colour, national or ethnic origin, sexual orientation, age, political opinion, employment status, disability, marital status or religious belief.

What position are you applying for? .....

**Personal Information** *(A copy of your Birth Certificate may be required if employment is offered to you)*

First Name ..... Surname .....

Address .....

..... Postcode .....

Phone Day ..... Evening .....

Email .....

**Citizenship**

Are you a New Zealand citizen?  Yes  No

Do you have the right of permanent residence in New Zealand?  Yes  No

**New Zealand Immigration Law requires you to answer the following questions:**

Do you have a work permit?  Yes  No

Do you have the right of permanent residence?  Yes  No

**Education and Qualifications** *(Details may be shown on an attached CV – copies only of certificates)*

Name of School/Technical Institute/ University, etc	Dates Attended		Qualifications Obtained
	From	To	
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Trade/Occupational Qualifications** *(Details may be shown on attached Curriculum Vitae (copies only of certificates). Where appropriate, you may be required to produce original qualification documents)*

Are you currently studying or planning to study for any qualification?  Yes  No

If Yes, give details .....

Can you speak any languages other than English?  Yes  No

If Yes, give details .....

**Employment Record** *(List your current or most recent employer first. Include periods of employment, travel and full-time study. (For further employment records, please continue on a separate sheet.) Details may be shown on an attached CV)*

Current/Past Employer .....

Period Employed From ..... To .....

Position .....

Reporting to .....

Responsible for .....

Reason for Leaving .....

Past Employer .....

Period Employed From ..... To .....

Position .....

Reporting to .....

Responsible for .....

Reason for Leaving .....

Past Employer .....

Period Employed From ..... To .....

Position .....

Reporting to .....

Responsible for .....

Reason for Leaving .....

**Referees** (Please try to name four people, at least two work related, who can provide a reference)

Name of Person to Contact	Association (Employer/ Colleague/Neighbour/Friend)	Daytime Phone Number
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

I consent to Council seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released.

Signature ..... Date .....

**Personal Interest/Hobbies**

.....  
.....  
.....  
.....  
.....

**Health Issues** (If necessary you may be required to attend a Doctor nominated by Council.

Any costs incurred will be met by Council).

Do you have any known health condition of any kind, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?  Yes  No

If Yes, give details .....

Have you suffered any injury or illness that may affect your ability to effectively carry out the physical requirements, functions and responsibilities of the position applied for (eg, a previous back injury or repetitive strain injury)?  Yes  No

If Yes, give details .....

Council has a Smoke-Free Workplace Policy, which means there is no smoking on the premises. Would this be a problem for you?  Yes  No

**Driving Licence**

Do you hold a current full New Zealand Driving Licence?  Yes  No

If Yes, Number ..... Class(es) .....

Expiry Date ..... No of Demerit Points .....

Have you suffered any injury or illness that may affect your ability to effectively carry out the physical requirements, functions and responsibilities of the position applied for (eg, a previous back injury or repetitive strain injury)?  Yes  No

Has your Driver Licence been cancelled within the last five years?  Yes  No

Is there any matter pending which could affect the status of your Driver Licence?  Yes  No

## General

Have you had any criminal convictions within the last five years?  Yes  No

If Yes, give details .....

Are you currently awaiting the hearing of any criminal charge?  Yes  No

Are you prepared to work overtime as and when required?  Yes  No

## Additional Information

Do you have any information which you consider may assist your application, eg, sporting achievements, interest and future aspirations? Please attach any additional information to this application. Enclose **copies only** of relevant qualifications and written references. All information will be treated as confidential.

If Yes, give details .....

If this application is unsuccessful, may Council consider this application for other similar vacancies that may occur, where appropriate?  Yes  No

If your application is successful, when could you start work? .....

## Declaration

I, ..... (full name)

- 1 Authorise any vetting processes that Council sees fit to exercise in considering this application. I understand this process may include Employer references, or checking of criminal, financial or medical records. I agree to co-operate in providing information to assist that vetting process
2. Note that completion of this application does not oblige the Council to engage the applicant.
3. Note that any offer of employment does not constitute an employment agreement until a separate agreement has been evidenced in writing and signed by the Ruapehu District Council and myself.
4. Declare that the answers to the questions in the application are true and correct and understand that where a yes/no answer is left blank Council will assume the negative.
5. Am not aware of any personal circumstance, medical condition or disability that would limit my ability to adequately perform the role for which I seek appointment.
6. Accept that, should my application be successful, the foregoing information will form part of my contract of employment and falsification of information is grounds for dismissal.

Signature .....

Date .....

### Please send completed Job Application Form and CV to:

Jackie Mastrovich  
Human Resources Manager  
Ruapehu District Council  
Private Bag 1001, Taumarunui 3946  
Telephone 07 895 8188 Fax 07 895 3256  
Email jackiem@ruapehudc.govt.nz