



EMPLOYMENT APPLICATION FORM

(Please attach CV)

CONFIDENTIAL: *To be completed personally by applicant.*

Applications close: Friday 30th July 2021

Date of application: _____

APPLICATION FOR EMPLOYMENT

Note: The completion of this form does not indicate that there is any obligation by Sport Taranaki to engage the applicant.

PURPOSE

This information is collected for the purpose of assessing your suitability for employment at Sport Taranaki. We will retain the information on file.

Permission granted/not granted. (**Strike one**)

Position applied for: Healthy Active Learning Advisor	
Your Name	
Mr/Mrs/Miss	
Surname:	
Given Names (underline name used):	
Are you known by any other name(s)?	
Give details:	
Date of Birth (Optional):	
Your home address & telephone numbers	
Number & Street:	
Suburb , Town & Postcode:	
Home Phone Number:	

Work Phone Number:	
Mobile Number:	
Email Address:	

Education		
Name of secondary school (s) / Tertiary institutes attended	From	To
Qualifications (School and Tertiary level)		
Other Qualifications - Please describe the skills you hold which are relevant to the position applied for (e.g. for a typist – typing speed, word processing capability, shorthand capability)		

Employment History		
Present or Most Recent Employer	From:	To:
Company:		
Address:		
Job Held:		
Salary range – starting/present to final/current:	Starting salary:	Final/current:

Main Duties:		
Results you achieve in this position:		
Challenges you overcome:		
Failures / mistakes you made:		
Would there be anything you would do differently:		
What you like most and least about your position:		
No. of hours worked per week:		
Reason for leaving or changing:		
Name of your immediate supervisor:		
<p>For the purpose of compliance with the Privacy Act 1993 do you consent to Sport Taranaki contacting your present employer for the purposes of reference checking?</p> <p>Yes / No</p>		
What would your supervisor say are your strengths:		
What would your supervisor say are your weaknesses:		
Employment History		
Next Most Recent Employer	From:	To:
Company:		
Address:		
Job Held:		
Main Duties:		
No. of hours worked per week:		
Reason for leaving:		
Employment History		
Next Most Recent Employer	From:	To:
Company:		
Address:		
Job Held:		

Main Duties:	
No. of hours worked per week:	
Reason for leaving:	
Give details of any other job which may be relevant:	
Do you have secondary employment?	Yes/No
If yes, please give details:	

Referees	Give name, address and telephone numbers of at least two referees. (Preferably from where you have worked)		
Name	Position	Address	Phone No

If your application is successful, when could you commence employment?	
I consent to Sport Taranaki seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought, to be released.	Yes / No
Healthy Active Learning is a joint wellbeing initiative with Sport New Zealand therefore please note that candidate information will be shared with Sport New Zealand. Do you agree to this information being shared?	Yes / No
Signature:	Date:

General	
Are you prepared to work outside normal work hours, if required?	Yes/No
Have you been convicted of a criminal offence?	Yes/No
Are you awaiting the hearing of charges in a civil or criminal court of law?	Yes/No

Do you have a current drivers licence?	Yes/No
Driver's Licence Number:	
What transport arrangements do you have to attend your place of employment?	
What are you Salary Expectations for this role?	
How did you find out about this role?	
What are your interest/hobbies/clubs or community activities?	
Medical	
Have you ever suffered from a back injury requiring time off work?	Yes/No
If yes, please detail:	
Have you claimed accident compensation in the last 12 months	Yes/ No
Entitlement to work in New Zealand	
Are you a New Zealand or Australian citizen or have a New Zealand residence visa, or. have a New Zealand work visa or a condition on your New Zealand temporary visa showing you are allowed to work here.	Yes/ No

Do you consent to Sport Taranaki retaining the information contained in this application form for the purposes of considering your suitability for any other positions, which may arise with Sport Taranaki in the future?
Yes / No

DECLARATION:

I (Full Name): _____

declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.

Signed: _____ Date: _____

Please send / email completed application documentation to: Megan Peters

megan.peters@sporttaranaki.org.nz