



GENERAL EXPERIENCE/ADDITIONAL INFORMATION

Please enclose a CV that covers these areas:

EMPLOYMENT HISTORY [commence with last position held]

Date		Employer	Position and Brief Description of Duties	Reason for Change
From (Month/Year)	To (Month/Year)			

CRIMINAL CONVICTIONS & TRAFFIC OFFENCES

Have you been convicted of a criminal offence?

If yes, please provide details: _____

Are you currently facing criminal charges (including charges in relation to driving offences)?

If yes, please provide details: _____

Do you have any demerit points on your Driver's Licence?

If yes, please advise of number of points and when they are due to expire: _____

GENERAL

Can you speak any other languages?

Yes/No

If yes, please provide details: _____

Do you have secondary employment?

Yes/No

If yes, please provide details: _____



REFERENCES

Please give details of referees that you authorise us to contact. It is intended that contact will be made with your appointed referees. Where possible, include previous employers and/or people whose knowledge of you would assist with this application.

Name	Business or Professional Occupation	Address and Telephone
May we contact your present Employer?		Yes / No

CONSIDERATION OF APPLICATION

The Council will consider your application of employment subject to your acceptance of the following conditions:

If you are offered and accept employment, prior to commencement you may be asked to submit to a pre employment medical examination by a General Practitioner nominated by the Council. Employment is conditional upon the result of such an examination being fully acceptable to the Council.

If your application is successful and you accept employment with the Council, all inventions, patent rights or other processes developed or created by you as an employee of the Council, in Council time during the period of employment by the Council shall be the sole property of the Council.

If you are offered and sign an employment agreement with the Council, in accordance with the terms of that agreement, the Council may retain out of moneys due to you upon termination of employment any amounts owed by you to the Council.

If you accept an offer of employment with the Council you will be required to abide by any Council policies, regulations or safety rules.

I, _____ *[full name]*
understand and accept the foregoing provisions.

Applicant's Signature:

Date:



PRIVACY

The information you provide on this application for employment form may be collected and held by the Buller District Council. This information is collected for the purpose of assessing your suitability for employment, which may include subsequent changes in employment. With the exception of “evaluative material”, in accordance with the Privacy Act 1993 you have a right of access to personal information and to seek any correction you think is necessary to ensure its accuracy.

CONSENT AND DECLARATION

I give consent for the Referees listed above to be contacted on my behalf in support of this application. I understand that the information provided to the Council by Referees is supplied in confidence as “evaluative material” and as such it will not be disclosed to me.

I consent to the Buller District Council or their representative, seeking information on a confidential basis about me from the New Zealand Police, or any foreign police authorities. The information sought is to be released for the purpose of ascertaining my suitability for the position for which I am applying. I understand that this information will also be treated as “evaluative material” and as such I have no claim to access it. This consent is valid for two months from the date shown below.

I _____ (full name) declare that to the best of my knowledge the answers in this application for employment form 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, for employment, or if I am employed, my employment will be terminated. I further acknowledge that any offer of employment, if made, is conditional on my obtaining a full medical clearance through the Council’s pre-employment medical. I acknowledge that the information sought on this form is necessary for employment of staff in local authorities roles.

Applicant’s Signature:

Witnessed by:

Date:

Note: Council may chose not to employ any person whose conviction and/or revelations made through subsequent enquiries are relevant to the person’s appropriateness to do a particular job.