

EXPRESSION OF INTEREST

LIST MEMBER, DISTRICT LICENSING COMMITTEE

Position Applied For: List Member, District Licensing Committee

PERSONAL

Surname: _____

First Names: _____

Address: _____

Email: _____

Telephone Number: _____

Are you legally entitled to work in New Zealand? Yes / No

Current Driver Licence held? Yes / No

Which Classes of Licence? _____

If your application is accepted, would you be available to carry out the functions of a List Member of the District Licensing Committee from 1 June 2025? Yes / No

MEDICAL

Do you suffer from an illness/disability which would be aggravated or made worse by performing the position you have applied for (e.g. RSI, OOS, back injury or other)?
Yes / No

Are you on medication, which would affect your performance in the position you have applied for? Yes / No

Are you prepared to abide by Council's Health and Safety Policy? Yes / No

GENERAL EXPERIENCE/ADDITIONAL INFORMATION

Please enclose a curriculum vitae outlining your skills, knowledge and experience relevant to the position.

EDUCATION AND WORK EXPERIENCE

Qualifications Attained

Brief Employment History

CRIMINAL CONVICTIONS & TRAFFIC OFFENCES

Have you been convicted of a criminal offence?

Yes / No

If yes, please provide details: _____

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

Yes / No

If yes, please provide details: _____

Do you have any demerit points on your Driver Licence?

Yes / No

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

GENERAL

Can you speak any other languages?

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 subject to your acceptance of the following conditions:

If your application is successful and you accept the position, all inventions, patent rights or other processes developed or created by you as a List Member of the District Licensing Committee shall be the sole property of the Council.

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

If you accept the position 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 form may be collected and held by the Buller District Council. This information is collected for the purpose of assessing your suitability for this position, which may include subsequent changes in the position. 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 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 the position, or if I am accepted, my membership of the District Licensing Committee will be terminated. I acknowledge that the information sought on this form is necessary for the appointment of people as List Members of the District Licensing Committee.

Applicant's Signature:

Witnessed by:

Date:

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