



Part of

DESIGN SPUN (2013) LTD

APPLICATION FOR EMPLOYMENT

Please complete this application in applicants own writing.
 You should provide complete information in answer to each question unless otherwise advised, regardless of whether you consider it relevant to the position applied for.

Collecting & holding personal information:

The information you provide on this application form will be collected & held by “Design Spun (2013) Ltd” & is collected for the purpose of assessing your suitability for employment with Design Spun. This may also include subsequent changes in employment within the Company.

If your application is successful this form will be retained on your personal file. If unsuccessful, it, along with your other application papers (CV etc) will be retained on file for reference in relation to future employment opportunities. If you would prefer Design Spun to destroy your information after a certain period of time please state period (ie after 6 months , 1 year etc): _____

You have a right to access this personal information & to seek any correction you think necessary in order to ensure accuracy.

Section 1 - Personal Information

Position applied for: <i>(initially)</i>		Date:	
First name(s):	Family name:		
If you are known by any other names please note them here.			
Residential address:			
Postal Address:			
Email Address:	Telephone No.		
Emergency Contact Person:	Telephone No.		

Section 2 - Education:

<i>School/College</i>	<i>Highest qualification Achieved</i>	<i>No. of Years Attended</i>

Further Education: Polytechnic, University, Apprenticeship or Other formal training)

<i>Polytechnic/University/etc</i>	<i>Highest qualification Achieved</i>	<i>No. of Years Attended</i>

Section 3 - Employment History:

Have you previously been employed by this company or in this industry? Yes: No:

(If yes please ensure details are recorded below)

Start with most recent position.

<i>Employer</i>	<i>Town/City</i>	<i>Length of service</i>	<i>From Date:</i>	<i>To Date:</i>	<i>Position</i>	<i>Reason for leaving</i>

Referees:(please provide details of referees that you authorise us to contact, preferably two work related referees & one personal referee.)

<i>Name</i>	<i>Address</i>	<i>Phone No.</i>	<i>Company</i>	<i>Position or Occupation</i>

Section 4 - General:

Do you agree to inquiries being made as to the accuracy of information contained in this application & associated application documents, or any other matter relating to your suitability for employment?:

Present Employer Yes: No: Past Employer: Yes: No:

Other Person: Yes: No:

Do you intend to engage in other paid work whilst employed in this position? Yes: No:

Do you have a current drivers license? Yes: No:

Please note class of drivers license held: Class: _____

Are you awaiting hearing of any charges for driving offences? Yes: No:

Have you ever been charged with or convicted of a criminal offence? Yes: No:

(if yes further detail, relevant to employment, may be sought at a subsequent interview)

Are you registered with Work & Income New Zealand? Yes: No:

Are you prepared to work alongside (shadow) one of our existing staff members for a minimum of one half day in order for you to gain an idea of the position & what is required, prior to accepting the position? Yes: No:

Do you have or are you aware of any likely commitments which may prevent you from attending your place of employment during ordinary hours or affect your availability for overtime (eg sports, hobbies, special interests, education, training etc.) Yes: No:

If Yes please give brief details:

Are you familiar with the Microsoft Office suite of programs?

Yes: No:

Do you knit or crochet?

Yes: No:

If your application is accepted, when could you commence employment?

Have you worked in retail sales before?

Yes: No:

Are you prepared to work outside of rostered hours?

Yes: No:

Are you prepared to work on Saturdays?

Yes: No:

Do you have the legal right to work in New Zealand.
(citizenship, permanent residency or holder of a valid work permit)

Yes: No:

Section 5 - Health

Have you ever had an injury or medical condition caused by a gradual process injury, disease or infection that may be aggravated or further contributed to by stretching, lifting, bending or standing?

Yes: No:

Are you allergic to, or have sensitivity to any substances or chemicals?

Yes: No:

Have you ever suffered from any overuse injuries, (eg RSI, OOS)?

Yes: No:

Are you taking any drugs or medication?

Yes: No:

Have you suffered any:

Hearing loss:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Heart complaint:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Asthma:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Colour blindness	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Dermatitis or Eczema	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Diabetes:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Blackouts or fits:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Hernia:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Headaches	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Other	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Do you have any other condition that may affect your ability to effectively carry out the functions & responsibilities of the position applied for? (tick)

If you answered yes to any of the questions in this section , please give details:

How many days absence in the last 12 months of employment were stated by you or a medical practitioner to be due to sickness, injury &/or accident? (please circle)

0-2	3-5	6-10	11-15	16-20	Over 20days
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Section 6 - Declaration:

I, _____(full name) declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed. I also understand that any false information given in section 5, the medical portion of this form may result in my loss of entitlement for any work related insurance compensation under the Accident Insurance Act 1998.

Date: _____ Signature: _____

Section 7 - Additional Information:

Do you have any additional information or wish to make further comment which you consider may assist your application. For example, achievements, clubs, hobbies, interests, aspirations, etc. If so please list below or attach any additional information to this application form.
