



**REGISTRATION**

*Please note: The completion of this form does not indicate any obligation on the company to employ the applicant.*

**PLEASE PRINT CLEARLY**

**PERSONAL DETAILS**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone No \_\_\_\_\_ Mobile No \_\_\_\_\_  
Alternative No \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Own Transport Yes/ No \_\_\_\_\_  
Drivers Licence (please circle) Learners / Restricted / Full / Other (please state) \_\_\_\_\_

**OPTIONAL INFORMATION**

Marital Status \_\_\_\_\_ Dependents \_\_\_\_\_  
Iwi Affiliations \_\_\_\_\_

**WORK DETAILS**

Hours you wish to work (please circle)      Full-time      Part-time      Temporary      Weekends  
Hourly rate you are expecting to earn? \$ \_\_\_\_\_      Is this negotiable? Yes / No  
What type of work are you looking for? \_\_\_\_\_  
Are you currently employed? Yes / No (if yes where) \_\_\_\_\_      Notice Period/Availability? \_\_\_\_\_  
Would you be prepared to look for work outside of Whakatane? Yes / No  
Which areas? (please circle)      Kawerau      Edgecumbe      Opotiki      Other \_\_\_\_\_  
Have you recently applied for any other positions/ where? \_\_\_\_\_

**LEGAL WORK STATUS**

Are you legally entitled to work in New Zealand?      Yes/No  
As:      A New Zealand citizen      Yes/No  
         A permanent resident      Yes/No  
         A holder of a current work permit      Yes/No  
Type of Visa \_\_\_\_\_      Passport Number \_\_\_\_\_      Expiry Date: \_\_\_\_\_

**MEDICAL**

Do you have any Medical Disabilities that may affect your working ability? Yes / No \_\_\_\_\_  
(If yes clarify) \_\_\_\_\_

**GENERAL**

Do you have any criminal convictions, not including any concealed under the Criminal Records (Clean Slate) Act? Yes/No  
If yes, please detail \_\_\_\_\_  
Have you been the subject of a Diversion ordered by the courts?      Yes/No  
Are you awaiting the hearing of any criminal charges?      Yes/No  
If yes, please detail \_\_\_\_\_

**Please indicate level of skills and experience you have**

Highest Qualification (BA, PhD etc.) \_\_\_\_\_

<b>Computer Skills</b>		<b>Beginner</b>	<b>Intermediate</b>	<b>Advanced</b>
Microsoft Word	WPM	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Merge		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tables		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graphs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Templates		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graphs/ Charts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formulae		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Access		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Database creation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data entry	KPH	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
SQL Queries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Publisher		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Point		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Web Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diary Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Schedule	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Programmes	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Experience**

Accounting	Trust Accounts	Assets/ Depreciation	Reconciliations
	Wages	Creditors	Debtors
	PAYE	GST/ FBT	Trial Bal.
	Payroll	Annual Accounts	P & L
	Cash Flow Forecasting		
Administration	Office Management	Reception	Dictaphone
	Sole Charge	Filing	Word Processing
	PABX	Shorthand	Supervisor – no. of Staff
Retail	Management	Assistant	Sales
	Customer service	Stock Control	Bookkeeping
	Till/ EFTPOS	Purchasing	
Management	Budget Control (\$.....s)		Direct Reports
	Hiring / Firing		
Other	_____		

**Privacy Act Consent**

Do you consent to the company retaining the information contained in this application form for the purposes of considering your suitability for any other position that may arise with this company in the future? \*\*\* **Yes/No**

**Declaration**

*(This Consent is a Necessary Privacy Act Compliance)*

I, ..... (full name) consent to the company seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the company for the purpose of ascertaining my suitability for the position for which I am applying. I understand that the information received by the company is supplied in confidence as evaluative material and will not be disclosed to me.

I declare that to the best of my knowledge the information provided in this application and in any resume enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated. [I further understand that any offer of employment made is conditional on my obtaining a full medical clearance]

Signed \_\_\_\_\_ Date \_\_\_\_\_