



## APPLICATION FOR EMPLOYMENT

### PRIVATE & CONFIDENTIAL

Return this form to: Dale Scott

Ref. no:

Position applied for: Qualified Builder

Surname: Wilkinson

Given name(s): Andy

Title: Mr

Address:

Telephone number (landline):

Telephone number (mobile): 022 415 1989

Email address:

Current driving licence?

☐ Yes

☐ No

Details of licence:

Conditions:

Licence class:

Expiry date: / /

Are there any restrictions on you taking  
up employment in New Zealand?  
(If yes, please provide details)

☐ Yes

☐ No

### Education history

Schools:

Qualifications gained:

Colleges/universities:

Qualifications gained:

Other training:

Qualifications gained:



## Employment history

(Please complete in full your most recent employment first and use a separate sheet if necessary)

1.	Name of employer:	
	Address of employer:	
	Job title and duties:	
	Start salary:	
	Finish salary:	
	Reason for leaving:	
	Notice required in current role:	
2.	Name of employer:	
	Address of employer:	
	Job title and duties:	
	Start salary:	
	Finish salary:	
	Reason for leaving:	
	3.	Name of employer:
Address of employer:		
Job title and duties:		
Start salary:		
Finish salary:		
Reason for leaving:		
4.		Name of employer:
	Address of employer:	
	Job title and duties:	
	Start salary:	
	Finish salary:	
	Reason for leaving:	



### Current membership of professional bodies

Please note any professional bodies you are a member of or are registered with.

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### Other employment

Please note any other employment you would continue with if you were to be successful in obtaining this position.

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### References

Please note the names and addresses of two persons from whom we may obtain both character and work experience references.

1. Name:

Address:

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Known in the capacity of:

*(i.e. Manager/Education)*

2. Name:

Address:

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Known in the capacity of:

*(i.e. Manager/Education)*

### Criminal record

Please note any criminal convictions. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory Police vetting check and/or children's worker safety check.

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### Declaration

(Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any false or misleading information will give my employer the right to terminate my employment without notice.
2. I agree that the employer reserves the right to require me to undergo a medical examination. I understand that should the employer require further information and wish to contact my doctor with a view to obtaining a medical report, the employer will inform me of their intention and obtain my permission prior to contacting my doctor. In addition, I agree that this information will be retained on my personnel file during employment and for up to six years thereafter.
3. I agree that should I be successful in this application, I will, if required, consent to a Police vetting check and/or children's worker safety check. I understand that should I fail to do so, or should the check not be to the satisfaction of my employer, any offer of employment may be withdrawn, or my employment terminated.

Signed:

Date: / /

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