



# ASHBURTON DISTRICT COUNCIL

## Job Application Form

**CONFIDENTIAL** To be completed personally by applicant

This form is designed to accompany a CV and gather some information which is not normally found on a CV. The Application Form and CV are sources of information which will be used by the Council to assist it in considering your suitability for the position for which you are applying. Failure to supply the information requested would prejudice the Council's ability to assess your suitability for the position and any subsequent chances in employment with the Council.

**POSITION APPLIED FOR** .....

**LOCATION** .....

NAME: (MR, MRS, MISS, MS)

SURNAME ..... GIVEN NAMES: .....

ADDRESS.....

PHONE NUMBERS HOME ..... WORK .....

(a) It is expected that the CV will give details on the following:

### EDUCATION

- SECONDARY AND TERTIARY QUALIFICATIONS
- OTHER TRAINING (include major or relevant training only)
- PROFESSIONAL ASSOCIATIONS

### WORK HISTORY

- Please put jobs into reverse chronological order. It is expected that the CV will provide details of job duties, achievements and any other details which you may feel are relevant.

### INTERESTS AND HOBBIES

### COMMUNITY INVOLVEMENT

(b) Current Drivers Licence Yes  No   
Classes .....

(c) Have you ever been convicted of a criminal offence or are you Yes  No   
awaiting charges in a criminal court of law?

(d) Do you have to give notice to a present employer Yes  No   
If yes - how long? .....

(e) Are you a New Zealand citizen? Yes  No

(f) If you are not a New Zealand citizen are you eligible Yes  No   
for employment in this position?

(g) Please write a brief summary of why you are suitable for this position.

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**MEDICAL**

Have you had an injury or medical condition caused by gradual process, disease or infection - for example hearing loss, sensitivity to chemicals, repetitive strain injuries that may be aggravated or further contributed to by the tasks of this job? Yes  No

If yes, please detail .....

If yes, what was your last date of treatment for the injury or illness? .....

**REFEREES**

- The names of referees are not required at this point but may be requested after an interview. At that stage you may be required to give the names of up to three people who can act as referees. They may be contacted by telephone but will not be contacted until you have given permission.

**THE APPLICATION PROCESS**

- Please do not send originals of certificates, exam results etc. The receipt of your application will be acknowledged as will the outcome of your application.

**DECLARATION**

I .....(full name) declare that to the best of my knowledge the answers in this application and other information supplied are correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I may not be accepted, or if I am employed, my employment may be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in loss of entitlement for any compensation from ACC/Workplace Insurer.

**PRIVACY ACT PROVISIONS**

I authorise the Ashburton District Council management to make available the information about me contained in this application form to other departments of the Council for employment purposes only.

**SIGNATURE** .....

**DATE** .....

*The Ashburton District Council is an equal opportunity employer and provides a smoke free working environment.*

*FOR OFFICE USE ONLY*

Acknowledgement slip sent.	Date .....		Initials .....
Interviewed		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Referees checked		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Outcome successful		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If unsuccessful letter sent	Date .....		Initials .....

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**ACKNOWLEDGEMENT OF APPLICATION  
(APPLICANT TO COMPLETE)**

**NAME:**

**POSITION APPLIED FOR:**

**ADDRESS:**

**CITY:**

**Applications are now being processed.  
We will contact you in the near future.**