



# Brightwater

## APPLICATION FORM - CONFIDENTIAL

You should provide complete information for each question unless otherwise advised.

### PURPOSE

This information is collected for the purpose of assessing your suitability for the position you are applying for. We undertake that this information will not be used for any other purpose without your permission. Should your application be successful, this information will be kept on your personal file. Should your application not be successful, this form will be retained for one year unless otherwise requested.

### PERSONAL DETAILS

Name:	
Phone number (home):	Mobile number:
Phone number (work):	D.O.B (optional):
Email address:	
Address:	
Position applying for :	
Type of agreement preferred (please circle): Full-time   Part-time   Permanent   Fixed term   Casual   Contract	
Availability to start:	Salary/Wages Expectations:
How did you hear of Brightwater?	

***Please fill out the following information in full, even if the information is also supplied within in your CV.***

### PRESENT EMPLOYMENT

If applicable.

Position held:	
Employer:	
Starting date:	
Reason for wanting to leave:	

**PAST EMPLOYMENT**

List your last two places of employment, in order, with most recent position held first.

Position held: (1)	
Employer:	
Dates employed:	
Reason for leaving:	

Position held: (2)	
Employer:	
Dates employed:	
Reason for leaving:	

**QUALIFICATIONS/CURRENT STUDIES**

Qualification/Certificate	Date Obtained (Year)	Name of Institution

**What other skills do you have which could be useful in this job?**


**Hobbies/Interests/Sports/Community Involvement:**


**HEALTH**

1	Have you ever been diagnosed with/and treated for occupational overuse syndrome or any gradual process or overuse injuries?	Yes / No
	If yes, please detail	
2	Have you ever suffered from a back injury or back strain?	Yes / No
	If yes, please detail	
3	Are you allergic to, or have sensitivity to, any substances or chemicals?	Yes / No
	If yes, please detail	
4	Have you in the past suffered from dermatitis or eczema?	Yes / No

	If yes, please detail	
5	Do you have a predisposition to any condition that you are aware of including, but not limited to, asthma, bronchitis, diabetes, heart or respiratory problems, or high blood pressure?	Yes / No
	If yes, please detail	
6	Do you have any other condition, injury or illness or taking any drugs or medicine which may affect your ability to effectively and safely carry out all the functions and responsibilities of the type of work you may undertake?	Yes / No
	If yes, please detail	
7	Do suffer from blackout or seizures?	Yes / No
	If yes, please detail	
8	Do you suffer from earache, deafness or colour blindness?	Yes / No
	If yes, please detail	
9	Have you ever made any ACC claim?	Yes/No
	If yes, please detail	

#### FURTHER INFORMATION/DECLARATION

1	Are you legally entitled to take up permanent employment in NZ?	Yes / No
2	If you are not entitled to work in NZ permanently, when are you legally entitled to work to?	
3	Have you ever been convicted of a criminal offence or are you awaiting a criminal court hearing?	Yes / No
	If yes, please detail	
4	Would you be available to work additional hours if and when required?	Yes / No
5	Are you prepared to work out of town if required?	Yes / No
6	Do you hold a current NZ drivers licence?	Yes / No
	If yes, type:  Licence Number:	
7	Have you ever had your driver's licence revoked?	Yes / No
	If yes, please detail	
8	Do you hold a current Forklift Licence?	Yes / No
9	Is there any information you may be aware of which you have not yet disclosed but which an employer might regard as being relevant to its decision to offer you employment?	Yes / No
	If yes, please detail	

**REFEREES**

Please list at least two people you have worked for or with, that we can contact.  
You may also include one non-work referee if you wish.

Name: (1)	Position:
Company:	
Contact Details:	
Comments:	

Name: (2)	Position:
Company:	
Contact Details:	
Comments:	

Name: (3)	Position:
Company:	
Contact Details:	
Comments:	

I consent to Brightwater seeking verbal or written information on a confidential basis about me from the referees named above, or others with my permission. Furthermore, I authorise the release of such information by those contacted, to Brightwater for the purposes of ascertaining my suitability for the position for which I have made application.

I understand that Brightwater operate an active Drug and Alcohol Policy, and that it is a requirement of employment that I may be requested to undertake drug or alcohol testing on a job specific or random basis.

I declare that the information I have submitted both within this form and in connection with my application for employment, is true and correct. I understand that if any false information is given, or material suppressed, I may not be accepted or, if I am employed, my employment may be immediately terminated. I also understand that any false information in relation to the medical portion of this form may result in loss of entitlement to any compensation from ACC. I consent to this information to be disclosed for the purposes of consideration for employment.

Signed:	Dated:
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Do you consent for Brightwater to hold the information collected in the application process (i.e. application form, interview, referee checks) and use it for the purpose of considering you for opportunities that may arise in the future?	Yes / No
Signed:	Dated: