**A picture containing text, tool, scissors

Description automatically generatedApplication Form**

*Please note, the information collected is for the purpose of assessing suitability for employment and does not guarantee an offer of employment will follow.*

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Names: | *Type here* | Surname: | *Type here* |
| Mobile Phone: | *Type here* | Home Phone: | *Type here* |
| Email: | *Type here* |  |  |

Preferred Contact Number: Mobile  Home

|  |  |
| --- | --- |
| Postal Address: | *Type here* |
|  |  |

|  |  |
| --- | --- |
| Position Applied For: | *Type here* |

Please confirm your eligibility to work in New Zealand:

Are you a New Zealand or Australian citizen? Yes  No

If not, do you currently have the right to work in NZ? Yes  No

*Please state expiry date of work visa* DD/MM/YY

*(must attach copy of work visa to verify)*

Do you have a current valid driver licence? Yes  No

Licence Type (please circle) Learner  Restricted  Full

Class of driver’s licence: *Type here* DD/MM/YY

*(must attach copy of driver licence to verify)*

Have you attached a copy of your CV? Yes  No

**Criminal History Check**

*Please complete the attached Request for Criminal Convictions form.*

Do you currently have any criminal charges pending against you or have you ever been convicted for any violations or offences (that are not concealed by the Clean Slate Act)?

Yes     No 

If “yes” please list the conviction(s) or charge(s) and approximate date received:

|  |  |
| --- | --- |
| **Conviction / Charge:** | **Date:** |
| *Type here* | DD/MM/YY |
| *Type here* | DD/MM/YY |
| *Type here* | DD/MM/YY |
| *Type here* | DD/MM/YY |

**Medical History Background**

Do you have any medical conditions (inclusive of diagnosable mental illnesses) or injuries that may affect your ability to perform the job adequately and/or safely?

Yes  No

If “Yes” please list them:

|  |  |
| --- | --- |
|  |  |
| *Type here* |  |
|  |  |
|  |  |
|  |  |
|  |  |

**I acknowledge and declare that I**

* have provided true and correct representations on this Application Form and not mislead Softball New Zealand in any way;
* have not failed to disclose any matter that may have materially influenced Softball New Zealand decision to employ me;
* have disclosed all criminal convictions or charges not covered by the Clean Slate Act, whether I consider such convictions or charges to be relevant to this application or not;
* for the purposes of the Privacy Act, consent to Softball New Zealand contacting any of my past employers and referees for reference checking;
* have not failed to disclose any medical conditions or injuries that may affect my ability to perform the job adequately and/or safely; and
* understand that if I am successful in securing a position with Softball New Zealand and Softball New Zealand later discovers that I have mislead them in any way; including but not limited to a failure to disclose criminal convictions or charges (whether I consider them relevant or not) that a breach of trust and confidence has occurred and Softball New Zealand may take disciplinary action up to and including summary dismissal (termination of my employment without notice).

|  |  |
| --- | --- |
| Signature: | *Type here* |
| Print Name: | *Type here* |
| Date: | DD/MM/YY |