

If your curriculum vitae (c.v.) provides the information requested in any of the matters below, note "Refer to CV" alongside the related item.

All applicants must complete the information requested under the Other Information section and sign this form. All information will be treated as strictly confidential and used for employment purposes only.

EMPLOYMENT APPLICATION		
POSITION APPLIED FOR	DATE	
Personal information		
Family name		
Given names		
Contact address		
Contact telephone	Day	Evening
Education and training		
Schools and institutions attended	Dates	Courses taken and qualifications gained

Occupational, trade or professional qualifications (with dates awarded)		
Membership of business, professional or employee associations		
Other education, training or memberships (including voluntary work). Please list leisure, hobbies and sport.		
Employment experience		
Last or present employer		
Position	From	To

Key responsibilities		
Reason for leaving		
Previous employer		
Position	From	To
Key responsibilities		

Reason for leaving

Other employment or similar experience that is relevant to this application

Health

Do you have, or have you had, any injury or medical conditions caused by gradual process, disease or infection — eg, hearing loss, sensitivity to chemicals, occupational overuse syndrome (OOS), back injury or strain, asthma, stress-related conditions — which might be aggravated by the requirements of this position or prevent your carrying out its responsibilities?

Yes		No	
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If “Yes”, please give details below.

Other information

Curriculum Vitae

Do you have a current c.v? If "Yes" please attach a copy of your c.v. if not already supplied.	Yes		No	
Are you legally entitled to work in New Zealand? Yes/No				
Have you ever been convicted of, or are you currently charged with an offence involving fraud, dishonesty or a serious criminal offence, which is punishable by imprisonment? Yes/No				
Do you hold a current driver's licence?	Yes		No	
Are you available to work away from your home location if a particular assignment requires? Yes/No				
If you intend to further your studies, please detail your intentions below:				
When would you be available to commence employment?		Commencement Date:		
<p>Software packages</p> <p>Have you experience with Excel spreadsheets? Yes/No</p> <p>Have you experience with Word? Yes/No</p> <p>What other software applications are you familiar with?</p>				
<p>References</p> <p>If not included in any c.v attached please give the name, address telephone number and occupation of two referees, neither of which should be a friend or relative.</p>				
Directorships, Trusteeships held				
<p>Please list below details of any entities for which you act as a trustee or director. In order to comply with the independence requirements of the New Zealand Institute of Chartered Accountants, the firm is precluded from acting for clients where there is a conflict of interest through partners or staff holding shares in , or being directors or trustees of those clients. Should you hold a position that compromises the firm's independence, you may be asked to resign from that office.</p>				
Name of Entity		Position Held		

Psychometric Assessments

The firm has a policy of conducting assessments of applicants by way of ability tests and a personality questionnaire which assesses a person's ability or aptitude for understanding and interpreting written and numerical information as well as gathering information on a candidate's preferred style of behaviour at work.

Declaration

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

I (full name) also declare that, to the best of my knowledge, the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any relevant fact suppressed, I will not be accepted, or if I am employed, my employment will 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 my loss of entitlement for any compensation from ACC.

Applicant's signature

Date

Thank you for your interest in the position. Please return this application to Diane Wilson at McIntyre Dick & Partners, P O Box 848, Invercargill. Telephone (03) 211 0801. The information you provide will be used by authorised employees to consider your suitability for the position you have applied for. If your application is unsuccessful, this application form will not be retained. We will let you know of the progress of your application as soon as practicable.