

Application for Employment Form

CONFIDENTIAL

Marlborough Airport Limited is a wholly owned subsidiary of Marlborough District Holdings Limited a wholly owned company of the Marlborough District Council.

Application for Employment

This information is collected for the purpose of assessing your suitability for employment at Marlborough Airport Limited ("MAL").

Applicants must complete this form personally, answer all questions, and sign the declaration. This application should be supported with a Curriculum Vitae and a covering letter.

All applicants have the right to access personal information and to request any correction necessary to ensure its accuracy. This form, your covering letter and curriculum vitae will be retained for 6 months. Should you wish to have your curriculum vitae returned to you then you need to let us know that in your application.

Position

Position applied for: _____

How did you learn of this vacancy? _____

Personal Information

Names(s): _____

Surname

First Name

Middle Name

Residential Address: _____

Postal Address (if different from residential address): _____

Telephone Number: _____

Business

Home

Mobile

Email Address: _____

(Future communications may be forwarded to you by email)

General Information

Do you have a current Drivers Licence? YES NO

Have you been convicted of a criminal offence in the last seven years? YES NO

Are you awaiting trial for a criminal offence? YES NO

Have you ever been sentenced to a custodial sentence? YES NO

Please be aware that under the Criminal Records Clean Slate Act 2004, you are not obliged to declare certain offences which occurred more than seven years ago. If you have any doubts, please seek legal advice before completing these questions.

Please be aware that if your application is successful the responsibility with this position requires application to the Civil Aviation Authority for clearance as a fit and proper person under the Civil Aviation Act 1990. This requires provision of a criminal record history from the Ministry of Justice and an Offence History from the New Zealand Transport Agency.

Are you legally entitled to work in New Zealand? YES _____ NO _____

If you are not a New Zealand citizen, it will be necessary to produce your passport to verify your entitlement to work.

Current Employment

Present Position: _____

Present Salary (optional): _____

Name of Employer: _____

Address: _____

Telephone Number: _____

Business

Home

Mobile

Employment history

List most recent employer first.

(1) Name of Employer: _____

Address: _____

Telephone Number: _____

Business

Home

Mobile

Position held: _____

Reason for leaving (optional): _____

(2) Name of Employer: _____

Address: _____

Telephone Number: _____

Business

Home

Mobile

Position held: _____

Reason for leaving (optional): _____

Occupational Safety and Health

Have you had a personal injury caused by a work-related gradual process, disease or infection (eg. Hearing loss, repetitive strain injury, etc), which the tasks of this job may aggravate or contribute to?

YES _____ NO _____

If yes, please detail: _____

Do you have any health condition, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? YES _____ NO _____

If yes, please detail: _____

General

If you were invited to attend an interview, would you wish to bring support? _____

If your application is successful, when could you commence employment? _____

Referees

Please give details of referees who can be contacted. Please nominate persons able to provide valid comments on your ability to perform the duties of the position applied for.

(1) Name: _____

Occupation/Position held: _____

Address: _____

Telephone Number: _____

Business

Home

Mobile

(1) Name: _____

Occupation/Position held: _____

Address: _____

Telephone Number: _____

Business

Home

Mobile

I consent to MAL seeking verbal or written information on a confidential basis about me from my referees. I authorise the information sought to be released by them to MAL for the purposes of

ascertaining my suitability for this position. I understand that the information to be received by MAL is supplied in confidence as evaluative material and will not be disclosed to me.

Signed: _____ Date: _____

Declaration

I _____ declare that the answers to the questions in this application are true and correct and that any false or misleading information or suppression of material facts on this form or any other supporting documents may lead to disqualification, or if appointed, to termination of employment.

I understand that any misinformation given in the Health and Safety section may result in my being ineligible for work-related accident compensation.

I accept that should my application be successful, the forgoing information will form part of my contract of employment.

I understand that if I am offered a position, it will be provisional until such time as original documentation evidencing experience, qualifications, and entitlement to work etc is produced.

I accept that while MAL will use its best endeavours to protect the confidentiality of this application, MAL cannot be held responsible for the actions or omissions of third parties, over which MAL has no control.

Signed: _____ Date: _____

EEO Information

The following information is required for equal employment opportunity purposes.

Are you: Male Female

To which of the following ethnic group(s) do you consider you belong?

European (Pakeha) Maori Pacific Islander Other _____

(Please Specify)

Do you live with the effects of injury, long-term illness, or disability/disabilities?

Yes No

If yes, what do they affect (eg: movement, hearing, speech)? _____
