

EMPLOYMENT APPLICATION FORM

Application to be completed in Applicant's own handwriting - Please print.

Position applied for : _____ Date: _____

Location applied for : Brew Union Brewing Co Libre! Both

Work required : Full time Part time Casual Fixed term contract

How long do you intend to work for Brew Union/Libre? _____

Do you have anything that may hinder or affect your availability in any way? i.e. seasonal sports or other interests, upcoming study, religious holidays to be observed, planned holidays with family/friends, etc.? If **Yes**, please explain further _____

Please specify the days and times that you are **NOT AVAILABLE** to work

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

What are your ideal weekly rostered hours? Minimum _____ hours; Maximum _____ hours

PERSONAL INFORMATION

Full Name : _____
(first) (middle) (last)

Address : _____

Suburb : _____ Town/City : _____ Postcode : _____

Phone : _____ Mobile : _____

Email : _____

Driver licence : Yes, License number _____ No

LEGAL

Are you a New Zealand Citizen or Resident? Yes No

If you are **NOT** a New Zealand Citizen/Resident, are you legally entitled to work in New Zealand?
No

Yes, please specify details of your legal entitlement to work (type of work permit, working visa, other, terms and expiry date) _____

(any evidence of authority to work in New Zealand will be required)

Have you been charged with any offences in the last 5 years? If **Yes**, please explain further

Do you have any legal proceedings pending? If **Yes**, please explain further

Is your financial position and credit rating sound? If **Unsure**, give particulars

HEALTH & PHYSICAL PARTICULARS

Condition	Yes	No
Have you ever suffered any type of personal injury caused by a work-related gradual process, disease, or infection?		
Have you ever had any condition, which is likely to contribute to a work-related gradual process injury, disease, or infection?		
Have you ever had any serious illness, operation or accident, or condition that could hamper your work in this position?		
Do you have any medical condition, are on any medication, or have an allergy that may affect your ability to work in this position, or is something that your employer should be aware of?		

If you have answered **Yes**, please explain further

WORK HISTORY (ALL prior position MUST be listed)

Employer (starting from the most recent/present)	Position/Role	Starting Date (MM/DD/YY)	Ending Date (MM/DD/YY)	Reason for Leaving

Please list any other positions held

REFERENCES/REFEREES

Please supply the names and telephone numbers of at least two Referees

(please provide last employer and at least one previous employer)

Employer	Referee Name	Relationship	Phone Number

QUALIFICATION/CERTIFICATE *(any evidence may be requested)*

Sale & Supply of Alcohol Act and Gambling Act Requirements

Do you have a General Manager's Certificate for the purposes of the Sale & Supply of Alcohol Act?

Yes, please provide a copy

No

Have you been declined 'key person' status in terms of the Gambling Act OR been declined a General Manager's Certificate in terms of the Sale & Supply of Alcohol Act?

If **Yes**, please explain further

Please list any other qualification/certificate

Please list anything else supporting your application (any additional documents)

APPLICANT'S DECLARATION

I CERTIFY that the above information is true and correct and authorise investigation of all information contained for the purpose of deciding my suitability for employment, this includes conducting credit and criminal record checks through the appropriate authorities and contacting referees and previous employers listed. I understand that if I have given false or misleading information or if I have left out any important information, I may not be considered for appointment. If I am appointed before any inaccuracies on this form are discovered, my employment may be terminated. I understand that in some situations, providing false information may amount to an offence under the Crimes Act. I understand that if I accept employment, I will be required to sign an Employment Agreement.

Applicant's signature _____

Date _____