**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

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**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**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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** |
|  |  |  |  |
|  |  |  |  |
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**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

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**Please list any other qualification/certificate**

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

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**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_