



Application 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: _____ Surname: _____

Mobile Phone: _____ Home Phone: _____

Email: _____

Preferred Contact Number: Mobile / Home

Postal Address: _____

Position Applied For: _____

AVAILABILITY

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? Min _____; Max _____; Ideal _____

Are there issues that may restrict total hours you are available to work (Visa conditions, Study-link)?

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

(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:

(must attach copy of driver licence to verify)

Have you attached a copy of your CV?

Yes

No

Referee Contact Details

Please provide contact details for three previous managers who we can contact for verbal references.

Referee Name: _____
Contact Number: _____
Company: _____
Relationship: _____

What was your position when you reported to this person? _____

Referee Name: _____
Contact Number: _____
Company: _____
Relationship: _____

What was your position when you reported to this person? _____

Referee Name: _____
Contact Number: _____
Company: _____
Relationship: _____

What was your position when you reported to this person? _____

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:

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:

I acknowledge and declare that I

- have provided true and correct representations on this Application Form and not mislead Taco Libre Ltd in any way;
- have not failed to disclose any matter that may have materially influenced Taco Libre Ltd 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 Taco Libre Ltd 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 Taco Libre Ltd and Taco Libre Ltd 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 Taco Libre Ltd may take disciplinary action up to and including summary dismissal (termination of my employment without notice).

Signature: _____

Print Name: _____

Date: _____

