

Application for Employment

POSITION APPLIED FOR:

PERSONAL DETAILS

First Name(s):	Surname:
Address:	Tel No:
	Mobile:
Email:	

EMPLOYMENT HISTORY

Name and Address of Employer <i>(list most recent first)</i>	Length of Service	Position held

YOUR KEY SKILLS

List your professional strengths

1. _____
2. _____
3. _____

Why should Port Otago employ you?

LICENCES & CERTIFICATIONS

Please provide copies of these documents and attach to this form

Drivers Licence No:	Expiry:
Classes/ Endorsements:	Expiry:

Certificates	Issue Date	Issued by	Expiry date
Forklift Operators, OSH Certificate			
Hazardous substances/ Dangerous Goods			
First Aid Certificate			
Other: <i>(Please specify)</i>			
Other: <i>(Please specify)</i>			

EDUCATION & TRAINING

Secondary schools attended	From	To	Qualifications obtained
Further Education <i>(Technical college, Evening Classes etc)</i>	From	To	Qualifications obtained

CRIMINAL RECORD

The port operates under the requirements of the NZ Maritime Security Act 2004. One of the purposes of the act is to enhance Port security. To support this, as an additional security measure, we require the following information to be provided as a condition of employment.

Have you been charged with or convicted by a Court of any criminal offence? (Please note this includes Land Transport offences)? Yes No

If "Yes", please provide details:

*** Please note you need to answer the following question regardless of whether you answered Yes or No to the question above.**

If offered employment with Port Otago Ltd will you consent to the Ministry of Justice releasing any information it may hold about you? Yes No

Please provide work related referees including your most recent place of work. Referees should have supervised you or been senior to you. We will only contact referees if you are offered employment with Port Otago.

REFEREES

Name	Company/Organisation	Home/Work Telephone Number	Home/Work Email Address	Relationship (e.g. Supervisor)

Are you a New Zealand Resident/Citizen? Yes No

If No, do you hold a current Work Permit? Yes No Expiry Date: _____

PERSONAL DECLARATION

I understand that any false or misleading information given in this application may render my contract of employment, if I am appointed, liable to termination. I declare that to the best of my knowledge the above information and that submitted in any accompanying documents is correct.

Signature: _____ Date: _____

MEDICAL HISTORY

Applicants should be aware that it is Port Otago's policy to have all individuals offered employment undergo a thorough medical examination and drug test.

RETAINING OF INFORMATION

Port Otago will comply with the Privacy Act in collecting and storing the information necessary to determine whether or not to appoint you to a position, and will use the information solely for that purpose. If your application is unsuccessful we will destroy the information, unless you tick one of the boxes below:

Please retain all information collected for 3 months and consider me for future positions within that time.

Please return all information collected other than that which has been supplied in confidence. *I enclose a stamped addressed envelope.*