

Nor' Wester

95 Main North Road, Amberley
P: 03 314 9411
F: 03 314 9121
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W: www.norwestercafe.co.nz



APPLICATION FOR EMPLOYMENT

Date: _____

Full Name: _____ Date of Birth _____

Address: _____

Contact: Phone _____ Mobile _____ Email _____

Position applying for: _____

Current Employment: _____

Qualifications: _____

Previous Employment and Experience: _____

Availability: _____

Other interests and hobbies: _____

Other commitments: _____

Aspirations for the future: _____

What do you hope to achieve should you be employed by the Nor' Wester Café: _____

Please turn over, complete, sign and return

PRIVACY ACT PROVISIONS - The information you provide on this declaration will be collected and held by Nor' Wester Café & Bar Ltd. This information is collected for the purpose of assessing your suitability for employment at the Nor' Wester which may include subsequent changes in employment within the Café, and to meet the Café's information requirement as potential employer. You have a right of access to personal information and to seek any correction you think necessary to ensure accuracy. NOTE You should provide complete information in answer to each question unless otherwise advised, regardless of whether you consider it relevant to the position.

PRE-EMPLOYMENT DECLARATION

1. **WORK ENTITLEMENT**

Are you legally entitled to work in New Zealand? Yes/No

2. **CONVICTIONS AGAINST THE LAW**

Do you have any pending, or have you ever been convicted of, any offence/s against the law (apart from minor traffic convictions)? Yes/No

If Yes, please give full details:

3. **GENERAL STATE OF HEALTH**

Do you have any physical or medical conditions that would affect your ability to perform the duties required in this position? (Include ACC history) Yes/No

If Yes, please give full details:

4. I,(full name) declare that the information provided in this Declaration, Application for Employment, and in any resume provided is, to the best of my knowledge, correct. I understand that if any false information is given, or material facts suppressed, I may not be accepted or, if I am employed, I may be dismissed.

Signature: _____ Date: _____

Referees: (Please provide 3 referees that are not family members)

Name: _____
Address: _____
Phone: _____
Relationship: _____

Please send this form, along with any other relevant information to:

Nor' Wester Café
95 Main North Rd
AMBERLEY 7410
North Canterbury

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