



P/ 07 838 1050
F/ 07 838 1057
www.thelawrengroup.co.nz

150 Victoria Street, Hamilton
PO Box 9132, Waikato Mail Centre
info@thelawrengroup.co.nz

INTEREST IN EMPLOYMENT FORM

Personal Information

Full Name: _____

Address: _____

Date of birth: _____

Email: _____

Telephone: _____

Do you have a current driver's licence? Yes No

What level of Drivers Licence do you hold? _____

Position Applied For _____

Preferred Place of Employment _____

Number of hours wanted per week: Minimum: _____ Maximum: _____

Please tick days available: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___

Please tick nights available: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___

Health and Physical Particulars

Have you ever suffered any type of personal injury caused by a work-related gradual process, disease, or infection? Yes No

Have you ever had any condition, which is likely to contribute to a work-related gradual process injury, disease, or infection? Yes No

Have you ever had any serious illness, operation or accident, or condition, which would hamper your work in this position? Yes No

If you have answered yes to any of the above questions please give specific details:

Have you been convicted of any offences in the last 5 years? If 'yes', please provide details:

Have you been charged with any offences in the last 5 years which did not result in a conviction?
If 'yes', please provide details:

Do you have any legal proceedings pending? If 'yes', please provide details:

**Sale of Liquor Act, Gambling Act and Private Security Personnel Licensing Authority
Requirements**

- | | | |
|--|------------------------------|-----------------------------|
| Have you been declined 'key person' status in terms of the Gambling Act? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you been declined a Duty Managers Certificate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you hold a current LCQ Certificate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you hold a current General Managers Certificate for the Sale of Liquor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you been declined a Crowd Controller Certificate of Approval? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you hold a current Crowd Controller Certificate of Approval? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Employment Particulars

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

Do you have a work permit? Yes No **If yes, when does this expire?** _____

Work permits or evidence of authority to work in New Zealand will be required.

Referees

Please supply the names and contact details of at least two referees with at least one referee being a previous employer

Name _____

Best Contact Details _____

Relationship _____

Name _____

Best Contact Details _____

Relationship _____

Work History

Last or Present Position _____ From _____ To _____

Employer _____

Reason for leaving _____

Previous Employer _____

Position _____ From _____ To _____

Reason for leaving _____

Previous Employer _____

Position _____ From _____ To _____

Reason for leaving _____

Continue on another sheet if required

APPLICANT'S DECLARATION

I CERTIFY that the above information is true and correct and authorise investigation of all information contained herein for the purpose of ascertaining my suitability for employment, including conducting credit and criminal record checks through the appropriate authorities and contacting referees and previous employers. 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. If appointed, I agree to observe all rules, policies and procedures issued by the establishment.

Applicant's signature _____ Date: _____