



Received by: _____
 Date: _____
 Time: _____
 Checked: _____

INTERVIEW
 Date: _____
 Time: _____
 Attended? Yes No

This application is to be completed personally by the applicant and will be relied upon for this application as well as during any employment.

MUST BE COMPLETED BY THE APPLICANT IN OWN WRITING

Privacy Act 1993

The information on this form and supporting information may be seen by the Managers, Supervisors, Payroll Staff/HR Department & Administration Staff.

If your application is successful, this application form will become part of your Personnel File and the information contained can be accessed by Rutherford Hotel Holdings.

If your application is unsuccessful, this application form may be kept on record with your permission for 3 months after an appointment to the position has been made, and then destroyed in a confidential manner.

DATE YOU ARE AVAILABLE TO START WORK: _____ / _____ / _____

IF ON HOLIDAY / VISA WHAT LENGTH OF TIME ARE YOU AVAILABLE TO WORK? : _____

ARE THERE ANY DAYS / HOURS YOU ARE UNAVAILABLE TO WORK? : _____

WHICH DEPARTMENT(S) ARE YOU APPLYING FOR? :

ADMINSITRATION	RECEPTION / PORTER
KITCHEN	FOOD & BEVERAGE / FUNCTIONS
HOUSEKEEPING	OTHER – please specify

PERSONAL INFORMATION

NAME	Surname :	
	Given Names (<i>underline the name used</i>)	
DATE OF BIRTH		Gender: Male / Female
ADDRESS	Address:	
	Town/City:	Post Code:
CONTACT NO.	Home phone:	Work phone:
	Mobile phone:	
	Email address:	

DRUG POLICY

All prospective employees of Rutherford Hotel Holdings may be required to undergo a pre- employment drug test. When this test is required, the applicant will be informed and the test must be completed with a negative result before any offer of employment is fully confirmed.

If requested, I consent to undergo a drug test.

Applicant Name: _____ Office use: Result was Positive / Negative.

Applicants Signature: _____ Date: _____

REFEREES - List the name and details of two referees, preferably your most recent past employers.

Name	Position they hold	Company	Phone Number

I consent to the company seeking verbal or written information about me from my previous/current employers and/or referees and authorize the information sought, to be released to Rutherford Hotel Holdings.

Applicants Signature: _____ Date: _____

Do you have the right to work in New Zealand?

If Yes, are you a:

- New Zealand Citizen
- Permanent Resident
- Hold an Open Work Visa/Permit If so, how much longer can you work? _____
- An Australian citizen or Resident

Please attach a copy of your passport (eg the page showing full name, citizenship, photo etc) and any visa's (if applicable) to provide proof of your right to work in New Zealand

EDUCATION - including any work training

Secondary, Polytechnic University etc.	From	To	Course Taken	Qualification Gained

Other certificates, licenses or skills? _____

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

If Yes, list classes: _____

WORK HISTORY: start with most recent position

Name of employer: _____

Address: _____

Position held: _____ Nature of work: _____

Length of service: From _____ To _____

Reason for leaving: _____

Name of employer: _____

Address: _____

Position held: _____ Nature of work: _____

Length of service: From _____ To _____

Reason for leaving: _____

Name of employer: _____

Address: _____

Position held: _____ Nature of work: _____

Length of service: From _____ To _____

Reason for leaving: _____

Name of employer: _____

Address: _____

Position held: _____ Nature of work: _____

Length of service: From _____ To _____

Reason for leaving: _____

Do you have any commitments which may prevent you from attending your place of employment in the future? (E.g. planned holidays, exams, volunteer fire brigade?) Yes No

If YES, please give details: _____

SEARCH CONSENT

I understand that if I am employed by Rutherford Hotel Holdings, I may be subject to a search of my bag, vehicle, clothing or any other property of mine that enters the hotel site, in accordance with Company rules; in order to detect the possession of unauthorized company property, unauthorized alcohol or drugs.

Applicants Signature: _____ Date: _____

OCCUPATIONAL HEALTH PROFILE

These questions are designed to assist Rutherford Hotel Holdings to meet its obligations with respect to an employee's health and safety, as well as food safety and food hygiene standards. Statements in brackets explain aspects of employment tasks you may be asked to undertake while working for Rutherford Hotel Holdings that may be affected by a health issue.

Please tick appropriate answer	Yes	No	Your Comments
Have you ever suffered neck/back pain or a head injury?			
Do you suffer any chest conditions e.g. asthma?			
Do you suffer from high blood pressure?			
Have you suffered from any heart conditions e.g.: angina, heart attack, rheumatic fever?			
Do you suffer from Vertigo (dizziness)?			
Do you have diabetes?			
Do you have any hernias?			
Do you have, or have you suffered from epilepsy/blackouts?			
Do you suffer from any sleep disorders?			
Have you had any repetitive strain problems?			
Do you suffer from gout, arthritis, varicose veins or joint trouble?			
Have you had any diseases or conditions affecting your hearing?			
Do you have any skin conditions e.g. eczema, dermatitis, psoriasis, rashes?			
Have you had hepatitis/ jaundice?			
Do you have any allergies?			
Do you suffer from a bleeding disorder?			
Are you on any medication?			
Have you ever lodged an accident compensation claim or received benefits as a result of injury or disease?			
Do you suffer from any medical condition that may require special consideration and/or treatment in the event of an emergency?			
Have you had any ACC claim in the last 5 years?			
Have you been employed in any roles that may contribute to noise induced hearing loss?			

How many days absence have you claimed due to sickness in your last 12 months of employment? (circle)				
0 – 5 Days	6 – 10 Days	11 – 15 Day	16 – 20 Days	Over 20 Days
Have you ever had an injury or medical condition caused by gradual process, disease or infection (i.e. OOS/RSI, hearing loss, sensitivity to chemicals), OR injuries that may be aggravated or further contributed to by the tasks of this job?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you give consent to undergo a hearing test to gauge your current hearing levels? <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicants Signature: _____ Date: _____

GENERAL INFORMATION - (please tick appropriate column)

Have you ever been convicted or charged of a criminal offense as per Criminals Records Act 2004? Yes No

Are you awaiting the hearing of charges in any court or before any tribunal? Yes No

If YES to either of the above, please give details

Are you currently under a Police Diversion Scheme (PD) in relation to criminal offending? Yes No

If YES, please give details

Have you previously been employed by Rutherford Hotel, Amaltal, Talley's, South Pacific Meats, or AFFCO before? If YES, please give details Yes No

Are you prepared to undertake training during and/or (depending on your position) outside business hours? Yes No

Are you prepared to work as and where directed on site? Yes No

If appropriate would you be prepared to assist in the training of other employees as required? Yes No

Are you prepared to work overtime? Yes No

Please tick which shifts you are prepared to work Day Night Either Casual

Would you change your hours of work given due notice? Yes No

Are you prepared to handle all products, materials or equipment typical of the industries that we operate in? Yes No

DECLARATION

I _____ (Full name) declare that to the best of my knowledge the answers given in this application are correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I may not be employed or if employed I may be dismissed. I consent to Rutherford Hotel Holdings seeking verbal or written information about me on a confidential basis from the referees I have nominated, and authorize the information requested to be released. I understand that the information will be supplied in confidence as evaluative material and will not be disclosed to me. I have disclosed any illness or injury which I believe might affect my capacity to undertake the duties typical of this industry and I agree to undergo a physical examination if requested. I understand and agree that if my application is successful, the information will be used as a base line to measure any future exposure to work hazards and for health monitoring purposes. Further, I agree to relevant aspects of my medical records to be viewed in order to assist Rutherford Hotel Holdings to meet compliance obligations. I also understand that any false information given in this application may result in my loss of entitlement for any compensation from ACC, and the Company declining to accept any claim.

If my application is unsuccessful, I **agree** **do not agree** to Rutherford Hotel Holdings retaining the information contained in my application for 3 months for the purpose of considering my suitability for any other positions that may arise in the future.

Applicants Signature: _____ Date: _____