**NPD Ltd Application Form**

**Please note:** As NPD receive a large number of applications, only shortlisted applicants may be contacted.

|  |  |
| --- | --- |
| Date of application |  |
| Position applied for |  |
| Would you like NPD to keep your details on file for future vacancies? | [ ]  Yes / [ ]  No |

**Your Details**

|  |  |
| --- | --- |
| Last name |  |
| Given names |  |
| Are you known by another name? |  |
|  |  |
| Address |  |
|  |
| Preferred contact no. |  | Alternative contact no. |  |
|  |
| Email address |  |

**Residency Status**

Do you have unrestricted working rights in New Zealand (tick which applies)?

|  |  |
| --- | --- |
| Yes - I am a New Zealand Citizen or Permanent Resident (or an Australian Citizen or Australian Resident) | [ ]   |
|  |
| I am on a Working Holiday / Temporary Visa / Student Visa | [ ]   |
|  |
| I am not currently eligible to work in New Zealand | [ ]   |
|  |
| I am a skilled migrant eligible to work in New Zealand | [ ]   |
|  |
| Other (please provide details) | [ ]   |
|  |

**Employment History**

**Present or Most Recent Employment**

|  |  |
| --- | --- |
| Company |  |
| Job title |  |
|  |
| Date starting |  | Date ending |  | I still work here | [ ]  |
|  |
| Main duties |  |
|  |
| Hours worked per week |  |  |
|  |
| Reason for leaving |  |

**Next Most Recent Employment**

|  |  |
| --- | --- |
| Company |  |
| Job title |  |
|  |
| Date starting |  | Date ending |  |
|  |
| Main duties |  |
|  |
| Hours worked per week |  |  |
|  |
| Reason for leaving |  |

**Secondary Employment**

|  |  |
| --- | --- |
| Do you have secondary employment? | [ ]  Yes / [ ]  No |
| If yes, please give details |  |

**Education**

Please include the necessary and relevant information in your CV. Include University, further education etc. where applicable.

**Referees**

Please give details of at least two referees (preferably from where you have worked).

|  |  |
| --- | --- |
| Full name |  |
| Job title |  |
| Contact phone no. |  |
| Email address |  |
|  |  |
| Full name |  |
| Job title |  |
| Contact phone no. |  |
| Email address |  |

**General**

|  |  |
| --- | --- |
| Please outline why this position appeals to you. |  |

|  |  |
| --- | --- |
| Do you have any other experience relevant to the position? |  |

|  |  |
| --- | --- |
| If your application is successful, when could you start? |  |

|  |  |
| --- | --- |
| Are you prepared to work overtime when required? | [ ]  Yes / [ ]  No |

|  |  |
| --- | --- |
| Do you hold a valid full NZ driver’s license?  | [ ]  Yes / [ ]  No |
| Driving licence no. |  | Licence classes held |  |
| List any endorsements on your licence |  |

|  |  |
| --- | --- |
| Have you ever been convicted of any driving offence?  | [ ]  Yes / [ ]  No |
| If yes, please give details |  |

|  |  |
| --- | --- |
| Have you ever been convicted of a criminal offence or are you awaiting charges in a criminal court of law? | [ ]  Yes / [ ]  No |
| If yes, please give details |  |

|  |  |
| --- | --- |
| I consent to NPD checking my police file stored with the National Intelligence Application (NIA) or other source and obtaining a list of any previous convictions I may have. | [ ]   |

|  |  |
| --- | --- |
| I acknowledge that as part of assessing my application, NPD may conduct inquiries into my background using publicly accessible sources | [ ]   |

**Medical**

|  |  |
| --- | --- |
| Do you smoke? | [ ]  Yes / [ ]  No |
|  |  |
| Do you have a hearing problem? | [ ]  Yes / [ ]  No |
|  |  |
| Have you ever suffered from any RSI related symptoms? | [ ]  Yes / [ ]  No |
| If yes, please give details |  |
|  |  |
| Do you require corrective glasses or contact lenses? | [ ]  Yes / [ ]  No |
|  |  |
| Are you on medication which could affect your performance in the job you have applied for? | [ ]  Yes / [ ]  No |
| If yes, please give details |  |
|  |  |
| Have you exceeded 10 days of sick leave in the past 2 years? | [ ]  Yes / [ ]  No |
| If yes, please explain why and how much leave you took |  |
|  |
| Having read and understood the associated job description, do you have any disability, medical condition, illness or injury which may prevent you from performing the full range of duties associated with this position? | [ ]  Yes / [ ]  No |
| If yes, please give details |  |
|  |
| Do you agree to undergo a medical examination at NPD Ltd’s expense if required? | [ ]  Yes / [ ]  No |
|  |
| I consent to NPD seeking verbal or written information from ACC on any of my past records and authorise the information sought, to be released | [ ]  Yes / [ ]  No |

**Declaration**

|  |  |
| --- | --- |
| I (full name) |  |
| declare that to the best of my knowledge the answers in this application are true and correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to any medical history may result in my loss of entitlement for any compensation from ACC.If offered a position with NPD Ltd I consent to any screening processes that we may carry out when considering my suitability for employment e.g. employer references, criminal convictions, visa work eligibility checks, psychometric testing or credit checks if required.I understand that if the information provided to NPD Ltd in relation of these screening processes is unsatisfactory any employment relationship may be terminated. |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |