

Employment Application Form



*New Zealand's Oldest
Riverside Tavern*

Full Name _____

Address _____

Phone No. () _____ Mobile No.() _____

Email address _____

Date of Birth (Optional) _____

Cnr Queen & York, Riverhead 0820
Telephone 09 412 8902 Fax 09 412 6176
paula@theriverhead.co.nz
www.theriverhead.co.nz

Position applied for _____

Full Time Part-time Casual

Please tick days available: Mon Tue Wed Thu Fri Sat Sun

Do you currently work in the hospitality Industry? Yes No

Have you previously worked in the hospitality Industry? Yes No

Have you ever had any serious illness, operation or accident, or condition which could hamper your work in this position? 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

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

Have you ever been convicted of a criminal offence or are you currently facing any criminal charges? Yes No

If so please list convictions and dates.

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

If Yes, please tick NZCitizen NZ PR Australian Citizen Work Visa

If you are successful with your application, proof or evidence of authority to work in New Zealand must be provided.

Do you hold a LCQ/ Liquor Manager's Certificate? Yes No

Have you ever been refused a LCQ/ Liquor Manager's Certificate by any council? Yes No

If so please state reason's _____

Are you currently studying? _____

If so please indicate current level of study _____

Name of school / educational institution _____

If not studying please specify highest level of study attained _____

Name of school/educational institution attended _____

List any achievements ie employment, educational, personal or sporting _____

List any additional skills or training you have completed _____

List your hobbies, interests or involvements _____

Work History

Please list your employment history for the last 5 years, if applicable (*This may include voluntary employment*)

Position _____ Company _____
Dates Employed _____ Until _____
Reason for leaving _____

Position _____ Company _____
Dates Employed _____ Until _____
Reason for leaving _____

Position _____ Company _____
Dates Employed _____ Until _____
Reason for leaving _____

Position _____ Company _____
Dates Employed _____ Until _____
Reason for leaving _____

Position _____ Company _____
Dates Employed _____ Until _____
Reason for leaving _____

Referee

Please list details of two referees who can be contacted to provide wither employments or character references. Where employment referees may not be available, references may include a contact from school/university ie teacher or a family friend.

Referee 1

Referee name _____ Relationship with referee _____
Organisation _____ Referee position _____
Referee's phone number (____) _____ Referee's email address _____

Referee 2

Referee name _____ Relationship with referee _____
Organisation _____ Referee position _____
Referee's phone number (____) _____ Referee's email address _____

Why would you like to work at The Riverhead and what special attributes do you think you you can bring to our Special Team:

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: _____