

Employment Application

Application to be completed in applicant's own handwriting - please print.

Position Applie	ed For	Date			
Work Required	I Full time □	Part time □	Casual 🗆	Fixed term contract □	
How long do y	ou intent to work	for Brew Union/Li	bre?		
Personal Inform	mation:				
Full Name	(first)	(middle)	(1	last)	
Address _					
Suburb :	Town/City :			Postcode :	
Phone _					
Email _					

Do you have a current driver's licence? Yes D No D License Number:

Please specify the days and times that you are NOT AVAILABLE to work:

Mon	day	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Do you have anything that may hinder or change your availability in any way? i.e. Seasonal sports or other interests, upcoming study, religious holidays to be observed, planned holidays with family/friends etc. If yes please explain further:

What are your ideal weekly rostere	ed hours?	Minimum	Maximum
HEALTH & PHYSICAL PARTICL Have you ever suffered any type of p disease, or infection?	-	caused by a work-relate No □	d gradual process,
Have you ever had any condition, wh injury, disease, or infection?	nich is likely to Yes □	contribute to a work-rela No □	ted gradual process
Have you ever had any serious illnes work in this position?	s, operation o Yes □	r accident, or condition the No \Box	hat could hamper your
Do you have any medical condition, a ability to work in this position or is so			
	Yes 🗆	No 🗆	

If you have answered yes, please specify

LEGAL			
Have you been <u>charged</u> with ar	ny offences in the last 5 years	? If 'yes', please	provide details:

Do you have <u>any</u> legal proceedings pending? If 'yes', please provide details:				
Is your financial position and credit rating sound? If unsure, give particulars.				
Are you a New Zealand citizen o	or resident?	Yes □, No □	_	
If you are not a resident or citiz	en are you legally entitled to	work in New Zealand? Yes □ No □		
Non-residents/citizens please s permit, working visa, other, terms		ntitlement to work (type of v	work	
Work permits or evidence of author	-	ay be requested.		
WORK HISTORY: ALL prior pos				
Employer				
Nature of work				
Reason for leaving				
Previous Employer				
Nature of work	From(date)	To		
Reason for leaving				
Previous Employer				
Nature of work	From(date)	To		
Reason for leaving				
Please list any other positions	held:			

REFERENCES/REFEREES

Please supply the names and telephone numbers of at least two Referees

Please provide last employer and at least one previous employer.

Referee 1	
Relationship	Contact Phone Number
Referee 2	
Relationship	Contact Phone Number

Do you have a General Manager's certificate for the purposes of the Sale and Supply of Alcohol Act? Yes \Box No \Box Please provide a copy.

<u>Sale and Supply of Alcohol Act and Gambling Act Requirements</u> Have you been declined 'key person' status in terms of the Gambling Act or been declined a General Manager's Certificate in terms of the Sale and Supply of Alcohol Act? If 'yes', please provide details.

Qualifications (Certificates to be supplied)

Please note anything else supporting your application (Please list any additional documents)

APPLICANT'S DECLARATION

I CERTIFY that the above information is true and correct and authorise investigation of all information contained for the purpose of deciding my suitability for employment, this includes conducting credit and criminal record checks through the appropriate authorities and contacting referees and previous employers listed. 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.

Applicant's signature	Date:	
OFFICE USE ONLY Application Received By:	Channel	Date
Result of Process: Hired □	Declined, Filed (with permission) \Box	Declined 🗆
Applicant contacted By:	Channel	Date