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**Comfort and Quality Hotel Wellington**  
**Application Form for Employment**

Attached is an Application for Employment Form which you are requested to personally complete.

The Application Form is a source of information that will be used by this business to consider your suitability for the position for which you are applying, or any other position in the future. If successful, such information will form part of our personnel records. Failure to supply the information requested would prejudice our ability to assess your suitability for the position. Further, in accordance with the Privacy Act 1993, you are entitled to access and/or correct this information upon request to this company's Privacy Officer, in our case, the General Managers PA, where the information is held.

**We would like to keep your application form and C.V. as part of our records.**

If you agree please sign where indicated. If you choose not to sign, and your application is unsuccessful your application form and C.V. shall be destroyed by the company. The above information is provided in accordance with the Privacy Act 1993.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**PRIVATE AND CONFIDENTIAL - To be completed personally by the applicant**

**Please Print Clearly in Block Letters**

Date of Application \_\_\_\_\_

Position applied for \_\_\_\_\_

Possible commencement date \_\_\_\_\_

I was referred to CQ Hotels by \_\_\_\_\_

**Personal Information**

\_\_\_\_\_

<i>Mr/ Mrs/ Miss</i>	<i>Given names</i>	<i>Surname</i>
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\_\_\_\_\_

*Other names known by*

\_\_\_\_\_

<i>Street</i>	<i>Suburb</i>	<i>Town</i>
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\_\_\_\_\_

<i>Home Phone</i>	<i>Mobile</i>	<i>Email</i>
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**Immigration**

I am legally entitled to work in New Zealand by (tick one) – provide evidence

- Citizen of New Zealand/ Australia
- Permanent residency in New Zealand
- Visa that allows working expiring \_\_\_\_/ \_\_\_\_/ 20\_\_\_\_
- Assisted immigrant under bond to the government or any other employer

Have you been charged with any offence in any country?

- No
- Yes

\_\_\_\_\_

*Details*

Do you agree for us to check for criminal records if required?

- Yes
- No

**Sale of Liquor Act and Gambling Act Requirements**

Have you been declined 'key person' status in terms of the Gambling Act

- Yes
- No

Have you been declined a General Manager's Certificate in terms of the Sale of Liquor Act?

Yes

No

Is your financial position and credit rating sound?  
Details:

Yes

No

**Education (Tertiary or similar)**

Date	Education Provider	Qualification	Subjects

Languages spoken

<i>Language</i>	<i>Level/ Fluency</i>
<i>Language</i>	<i>Level/ Fluency</i>
<i>Language</i>	<i>Level/ Fluency</i>

Other Skills relevant to position (e.g. for a typist – typing speed, word processing capability, shorthand capability, etc.)

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**Employment History**

- I have attached CV and references
- I consent CQ Hotels Wellington to contact references in compliance with Privacy Act 1993

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*Reason for leaving most recent job*

Have you ever worked for this company before?  Yes  
 No

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*When?                      Position    Reason for leaving*

Do you have secondary employment?  Yes  
 No

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*Details*

**General**

Are you prepared to work overtime if required?  Yes  
 No

Are you prepared to complete a 2 hour unpaid work trial?  Yes  
 No

Are you prepared to handle all products, materials or equipment used in the industry?  Yes  
 No

Are you available to work weekends?  Yes  
 No

Do you have a private drivers licence?  Yes  
 No

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*Class                      Type (full/ restricted/ learners)    Demerit points/ endorsements*

Are you a member of any territorial force unit?  Yes  
 No

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*Training Time completed*

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*Interests/ Hobbies/ Sports/ Clubs/ Community activities*

**Medical**

Do you smoke?  Yes  
 No

Do you agree to undergo a medical examination if required?  Yes

No

How many days absence have you claimed due to sickness in the past 12 months?

Do you have a gambling problem?  Yes

No

Do you have a drinking problem?  Yes

No

Are you allergic to, or have any sensitivity to any substances or chemicals?  Yes

No

Do you require corrective lenses or contact lenses?  Yes

No

Have you ever suffered from a back injury requiring time off work?  Yes

Details:  No

Have you claimed accident compensation in the last 12 months?  Yes

Details:  No

Do you have any serious injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?  Yes

Details:  No

Do you have any other known condition, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?  Yes

Details:  No

Do you have any other condition, which might put our staff or customers at risk?  Yes

Details:  No

Noise

Asbestos

Heavy Metals

Solvents

Skin irritants

Infectious material

In your past employment have you been exposed to:

**DECLARATION**

I (Full name): \_\_\_\_\_

declare that to the best of my knowledge the answers in this application are correct and 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 my medical history may result in my loss of entitlement for any compensation from ACC.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_