



# Home Comfort

P.O. Box 15041

Otaki Railway

Otaki 5543

Ph: 06 364 6574

Fax: 06 364 7497

Mobile: 0274 736 975

email: [homecomfort@paradise.net.nz](mailto:homecomfort@paradise.net.nz)

[www.homecomfort.net.nz](http://www.homecomfort.net.nz)

## CONFIDENTIAL APPLICATION FOR EMPLOYMENT

- Please answer every question below and enclose a copy of your full CV

### PERSONAL INFORMATION

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Ph: (0 ) \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Which days / hours do you prefer? \_\_\_\_\_

Weekend work WILL be required periodically, would this be a problem for you? Yes  No

What sort of work would you prefer? \_\_\_\_\_

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

What transport arrangements do you have to attend your place of employment? \_\_\_\_\_

- If you will use a private vehicle, please enclose a photocopy of your driver's licence

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

Do you have any criminal proceedings pending? Yes  No

If 'yes', please give details:

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What are your hobbies and interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QUALIFICATIONS**

- Please include certificates / seminars etc within the last five years and your last education institute: ie degree, school certificate, bursary etc

Qualification	Institute	Year Completed

**EMPLOYMENT AND REFEREE DETAILS**

Last / Present Employer's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Ph: (0 ) \_\_\_\_\_ Position held: \_\_\_\_\_

Date commenced: \_\_\_\_\_ Date finished: \_\_\_\_\_

Describe duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and position of immediate supervisor: \_\_\_\_\_

May we contact them? Yes  No

Reason for leaving: \_\_\_\_\_

Previous Employer's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Ph: (0 ) \_\_\_\_\_ Position held: \_\_\_\_\_

Date commenced: \_\_\_\_\_ Date finished: \_\_\_\_\_

Describe duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and position of immediate supervisor: \_\_\_\_\_

May we contact them? Yes  No

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**REFEREE'S**

We require **two (2) work related** referees to contact. If you have not supplied us with two, please provide us with the additional referees below:

1. Referee's name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Place of work: \_\_\_\_\_  
Business Ph: (0 ) \_\_\_\_\_

2. Referee's name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Place of work: \_\_\_\_\_  
Business Ph: (0 ) \_\_\_\_\_

**HEALTH AND PHYSICAL PARTICULARS**

Have you ever suffered a back injury requiring time off work? Yes  No

If 'yes', please give details: \_\_\_\_\_

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Have you ever claimed Accident Compensation? Yes  No

If 'yes', please give details: \_\_\_\_\_

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Are you at present receiving medical treatment and / or medication? Yes  No

If 'yes', please give details: \_\_\_\_\_

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Do you have any condition that may affect your ability to effectively carry out the Functions and responsibilities of the position you applied for? Yes  No

If 'yes', please give details: \_\_\_\_\_

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**NEXT OF KIN**

Please provide the details of someone **not** living with you that we may contact in the case of an emergency.

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

Address: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_



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# DISCLOSURE OF CONVICTIONS

## APPLICANT'S DECLARATION

I certify that the above information is true and correct and authorize investigation of all information contained herein. I understand if I have given incorrect or misleading information, or if I have left out any important information, I may not be considered for appointment, or if appointed, my employment may be terminated. I understand that if I accept employment I will be required to sign an Employment Agreement. I declare that I do not have any police convictions that will otherwise nullify my employment with Home Comfort Ltd. These include, but are not limited to, any actions that breach Home Comfort Ltd's policies in respect of abuse, theft, fraud, traffic or drug related offences.

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

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

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

- Post this application to: **Home Comfort Ltd**  
**PO Box 15041**  
**Otaki Railway**  
**Otaki 5543**

**Have you included a copy of your:**

**Driver's Licence, Birth Certificate, Passport or Permanent Visa?**



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## CONSENT TO DISCLOSURE OF INFORMATION

Exception – Section 19(3)(e) Criminal Records (Clean Slate) Act 2004

Licensing & Vetting Service Centre

Office of the Commissioner

PO Box 3017

WELLINGTON 6140

**• To be completed by third party that is to receive the personal information**

I declare that the exception contained in section 19(3)(e) of the Criminal Records (Clean Slate) Act 2004 applies to this vetting request – the individual concerned has made an application to act in a role predominantly involving the care and protection of, but not predominantly involving the delivery of education to, a child or young person. The role of the applicant will be acting in is that of (briefly describe role):

Caregiving / Child Care / Aged Care / Transportation

Signed:

Print Full Name:

Penelope Ann Haines

**• To be completed by individual authorizing release of personal information**

I hereby authorise you to disclose any information you may hold about me to the above signed third party. I confirm that I am aware that my full criminal record will be released even if I meet the eligibility criteria stipulated in section 7 of the Criminal Records (Clean Slate) Act 2004 due to the application of exception contained in section 19(3) of that Act, as set out above.

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

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

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

*Surname*

*First Names*

Sex: \_\_\_\_\_

(M / F)

*Maiden or any other names used*

Date and Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Driver License No: \_\_\_\_\_

Full Residential Address: \_\_\_\_\_

*Street Name and Number*

*Suburb, City/Town*

Comments of the New Zealand Police