

CARRINGTON ESTATE
APPLICATION FOR EMPLOYMENT



Attach passport size
photograph in the space
provided (optional)

DATE OF APPLICATION: ____ / ____ / ____

JOB PARTICULARS

POSITION APPLIED FOR: _____

FULL-TIME ☐

PART-TIME ☐

CASUAL ☐

PERIOD OF NOTICE REQUIRED BY PRESENT EMPLOYER: _____ WEEKS

AVAILABILITY TO COMMENCE DATE: ____ / ____ / ____

EXPECTED SALARY: \$ _____

PERSONAL DETAILS

MR / MRS / MS / MISS: GIVEN NAMES: _____ SURNAME: _____

ADDRESS: _____

POSTCODE _____

DATE OF BIRTH: ____ / ____ / ____
(Optional)

FEMALE: ☐

MALE: ☐

TELEPHONE: HOME: _____ MOBILE: _____

EMERGENCY CONTACT: _____ TELEPHONE: _____

RELATIONSHIP: _____

DRIVERS LICENCE No. _____

COPIED & SIGHTED BY HR: YES ☐ NO ☐

PASSPORT No. _____

COPIED & SIGHTED BY HR: YES ☐ NO ☐

WHAT TYPE OF RESIDENCY DO YOU HOLD IN NEW ZEALAND? PERMANENT: ☐ TEMPORARY: ☐

IF TEMPORARY, WHAT TYPE OF VISA DO YOU HOLD: _____ EXPIRY DATE: ____ / ____ / ____

CITIZENSHIP: _____

NATIONALITY: _____

EDUCATION

SCHOOL / INSTITUTION:

FROM:

TO:

CERTIFICATE / LEVEL AWARDED:

____ / ____ / ____ - ____ / ____ / ____

____ / ____ / ____ - ____ / ____ / ____

OTHER TRAINING / COURSES / SKILLS: _____

EMPLOYMENT HISTORY

(Please complete your most recent employment first and attach Resume.)

1. EMPLOYER (FULL NAME AND ADDRESS): _____

_____ TELEPHONE: _____

POSITION HELD: _____

DATES OF EMPLOYMENT: FROM: ____ / ____ / ____ TO: ____ / ____ / ____ WAGE / SALARY: _____

TASKS & RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

IMMEDIATE SUPERVISOR NAME: _____ POSITION: _____

Do you give your permission to telephone the above person for an Employment Reference Check? YES ☐ NO ☐

2. EMPLOYER (FULL NAME AND ADDRESS): _____

_____ TELEPHONE: _____

POSITION HELD: _____

DATES OF EMPLOYMENT: FROM: ____ / ____ / ____ TO: ____ / ____ / ____ WAGE / SALARY: _____

TASK & RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

IMMEDIATE SUPERVISOR NAME: _____ POSITION: _____

Do you give your permission to telephone the above person for an Employment Reference Check? YES ☐ NO ☐

NOMINATED REFEREES - (direct report)

NAME	POSITION / COMPANY	TELEPHONE
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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Do you have any relatives or known person currently employed by our company? YES ☐ NO ☐

If Yes, please name and give your relationship with them? _____

MEDICAL HISTORY (OPTIONAL)

Do you suffer from any disability or health problem that may prevent you from performing the duties of the job for which you are applying? YES ☐ NO ☐

If yes, please specify: _____

GENERAL

How will you travel to and from work? _____

Do you possess a current Drivers Licence? YES ☐ NO ☐

Are you prepared to abide by Carrington Estate Policies and Procedures? YES ☐ NO ☐

Have you ever been convicted of any criminal offence? YES ☐ NO ☐

If yes, please specify: _____

Has your employment ever been terminated due to misconduct or poor performance? YES ☐ NO ☐

If yes, please specify: _____

I agree that from time to time, Carrington Estate, may change my rostered days and/or hours of work in line with the terms and conditions of my employment. YES ☐ NO ☐

I agree to the Company inspecting bags and conducting locker checks in the presence of a witness. I also agree to the checking of parcels upon entering and leaving the company premises. YES ☐ NO ☐

Do you give the Company permission to seek verification and additional information on any information within this application? YES ☐ NO ☐

HOURS OF AVAILABILITY

(Please mark availability for each day)
FROM am TO pm

MONDAY	_____	_____
TUESDAY	_____	_____
WEDNESDAY	_____	_____
THURSDAY	_____	_____
FRIDAY	_____	_____
SATURDAY	_____	_____
SUNDAY	_____	_____
PUBLIC HOLIDAYS	_____	_____

APPLICANT'S AGREEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY: THEY CONSTITUTE PART OF THE CONDITIONS UNDER WHICH YOU WOULD BE EMPLOYED.

The information that I have provided on this application is accurate to the best of my knowledge and subject to checking by Carrington Estate. I authorize the person, previous employer (if approved by me in the Employment History section) and other organizations or employers named in this application to provide Carrington Estate with any relevant information that may be required to arrive at an employment decision. I will not hold Carrington Estate liable for any damages arising.

I understand and agree that:

Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed termination from employment.

Although management makes every effort to accommodate individual preferences, business needs frequently make the following conditions mandatory: overtime, shift work, a rotating work schedule and work schedules other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

A medical examination may be required (Results will be held in confidence by us except where release of such information is required by law). Also, when certain medical restrictions relate to an individual's ability to perform a job or series of jobs, those restrictions will be communicated to Human Resources or management. All information collected by Carrington Estate during the course of the recruitment process will be relevant to, and utilized for, the sole purpose of assessing my employment application. I agree that the information gathered will be kept confidential by the Human Resources Department and disclosed only to those Resort employees of a managerial level or above in the Department for which I have applied to work.

SIGNATURE: _____

DATE: ____/____/____