



Employment Form

Name: _____
Address: _____
Home Phone No: _____
Work Phone No: _____
Contact Email: _____
Are you 18 or older? _____

If you are under 18, please state your birth date [dd/mm/yyyy] *

____ - ____ - ____

Are you legally entitled to work in New Zealand?

YES NO

Please select whether you are entitled to work in New Zealand
If yes, please select one from the following *

- | | |
|---|--|
| <input type="checkbox"/> A New Zealand Citizen | <input type="checkbox"/> An Australian Citizen or Resident |
| <input type="checkbox"/> Holding a work permit for this country | <input type="checkbox"/> Holding an open Work Permit |
| <input type="checkbox"/> A Permanent Resident | |

Please select your work status
Have you ever worked in the food industry before?

YES NO

Please select whether have worked at restaurants before
If yes, indicate dates, location and reason for leaving: *

Availability To Work

Please complete the chart below to indicate your availability. Your availability is the times within which you are able to be rostered to work each week. Unless otherwise agreed, you will not be scheduled for more than the maximum number of hours you indicate below. Consider this carefully to ensure you do not commit to hours you cannot work.

Hours within which you would be able to be scheduled for work: *

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*	*	*	*	*	*	*

Hours within which you would be able to be scheduled for work during school / university holidays (if appropriate): *

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*	*	*	*	*	*	*

What is the minimum number of hours you wish to work each week?

Please specify the minimum number of hours you wish to work per week
What is the maximum number of hours you wish to work each week?

Please specify the maximum number of hours you wish to work per week
Approximate dates of school / university / polytechnic holiday periods

From	_____	To	_____
From	_____	To	_____
From	_____	To	_____
From	_____	To	_____

Any other comments regarding availability

If your application is successful, when could you start?

Please specify when you could start

How would you plan to travel to and from work?

School most recently attended

Name: _____

Address: _____

Phone No: _____

Highest Qualification attained: _____

Are you currently enrolled at this school? _____

If yes, state which form / class you are in _____

Please list sports or other activities you are involved in:

Most Recent Job

(if not applicable, list work performed on a voluntary basis or personal references)

Job Title: _____

Supervisor: _____

Company: _____

Address: _____
Phone No: _____
Dates Worked _____
Reason for leaving _____

Health / Medical

Certain diseases or ailments may prevent you from serving food or handling food equipment in a sanitary and safe manner, or may be harmful to customers, other employees or yourself. As serving food and handling food equipment is an essential function of this job, do you suffer from any disease or ailment which may affect your work performance or regular attendance at work, or the health and safety of yourself or others? *

YES NO

Please indicate whether you have a medical or health condition
If yes, please give details: *

Please provide details on your medical or health condition

Do you have any medical or health condition which may affect or prevent you from carrying out your duties effectively? *

YES NO

Please indicate whether you have a medical or health condition caused by a gradual process
If yes, please give details: *

Please provide details on your medical or health condition caused by a gradual process

Pre-existing Injuries / ACC Claims

An essential function of this job involves bending and lifting as well as standing / walking for extended periods of time. For this reason, it is important that we know whether you have any injuries which may affect your ability to perform the essential duties of this job. (Please include any back injury or any strain injury).

- Occupational Overuse Syndrome (OOS/RSI)
- Hearing Loss
- Sensitivity or allergy to chemicals
- Back Problems
- Ligament / tendon sprain or injury
- Other

If you ticked any of the above, was an ACC claim made? *

YES NO

Please select whether an ACC claim was made

Current status of injury (e.g. pain still occurring, etc) *

Please provide details on the current status of your pre-existing condition

Person To Contact In Case Of Sickness Or Injury

Name: _____

Address: _____

Tel No (Home): _____

Tel No (Work): _____

Relationship to you: _____

Please supply your relationship to the person to contact in case of sickness

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- 1.I certify that the information contained in this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for instant dismissal in accordance with The Hot Chick's policy.
 - 2.I authorise the references listed above to give you any and all information concerning my previous employment.
 - 3.I understand that if I am offered employment with The Hot Chick I will be required to sign an Employment Agreement before commencement.
 - 4.The Hot Chick is a smokefree workplace. Should I be offered employment, I agree to comply with this policy.

Please check all items in your declaration

Your Name _____ Date ____ - ____ - ____