

For Office Use

Candidate ID: _____ Re-register: Yes ☐ No ☐ Filing Site: _____
 Consultant: _____
 Meet & Greet date: _____ Meet & Greet consultant: _____
 Assessments: Word / Excel / Typing / DE Alpha / DE Numeric / Coding & Checking / Numeracy & Literacy / Other
 (Circle the relevant assessments)
 Date of Assessments: _____

Date of Registration: ____ / ____ / ____ Vacancy # Applied: _____

Name: _____ ☐ M / ☐ F

First Name

Middle Names

Surname

Known as: _____

Address: _____

Suburb: _____ City: _____ Post Code: _____ Country: _____

Date of Birth: ____ / ____ / ____ (optional for statistical purposes)

Phone: Home _____ Work _____ Other _____

E-mail Address: _____

Hourly Rate / Salary: _____ Current Employer: _____

Expected Hourly Rate / Salary: _____ Notice required in current role: _____

Date next available: _____

Are you currently authorised to work in New Zealand? Yes ☐ / No ☐

Visa Type: _____ Passport number: _____ Expiry date: _____

Preferred Role: 1. _____ 2. _____ 3. _____

Location Desired: _____ ☐ Part-Time ☐ Full-Time

Wanted: ☐ Permanent ☐ Temporary ☐ Contract Current: ☐ Permanent ☐ Temporary ☐ Contract

Hours Preferred: ☐ AM ☐ PM ☐ NIGHT ☐ WEEKEND

Have you registered with Select before: ☐ YES / ☐ NO When: _____

How did you hear about Select? ☐ Select ☐ Word of mouth ☐ Website ☐ Facebook/Social Media
☐ WINZ ☐ Other: _____

For Office Use

- | | |
|--|--|
| <input type="checkbox"/> Candidate signed forms in 3 places | <input type="checkbox"/> Candidate met with consultant |
| <input type="checkbox"/> Photo taken | <input type="checkbox"/> Meet and greet logged |
| <input type="checkbox"/> Copy of ID taken | <input type="checkbox"/> Coding complete |
| <input type="checkbox"/> Copy of Work Permit/Visa taken | <input type="checkbox"/> Reference 1 completed |
| <input type="checkbox"/> CV attached | <input type="checkbox"/> Reference 2 completed |
| <input type="checkbox"/> 2 referees given with contact details | <input type="checkbox"/> Data entry/scanning complete |
| <input type="checkbox"/> MOJ form sent | |
| <input type="checkbox"/> ACC form sent | |
| <input type="checkbox"/> Visa view checked. Valid to: | |

EMPLOYMENT HISTORY (MOST RECENT POSITION FIRST)

Please Note: DO NOT fill in if you have provided a copy of your current CV, which contains all the information requested below.

Position 1

Company: _____ Position: _____

Date Started: _____ Date Left: _____

Responsibilities / Duties:

Reason for Leaving: _____ Remuneration: _____

Position 2

Company: _____ Position: _____

Date Started: _____ Date Left: _____

Responsibilities / Duties:

Reason for Leaving: _____ Remuneration: _____

Position 3

Company: _____ Position: _____

Date Started: _____ Date Left: _____

Responsibilities / Duties:

Reason for Leaving: _____ Remuneration: _____

Work Related Referees

☐ Please tick if your referees are included in your CV and that we may contact them.

(Please give name, position, address, telephone numbers, and e-mail for three work-related referees)

Referee 1:

Referee 2:

Referee 3: _____

QUALIFICATIONS / OTHER

Technical Trade Qualifications: _____

Tertiary Qualifications: _____

Certificates: _____

Secondary Qualifications: _____

Other: _____

Secondary School leaving year: _____

Driver Licence(s): ☐ Full ☐ Restricted ☐ Learners

Licenses Held (Please tick and list class only if you hold a current licence)

Car: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Heavy Traffic	<input type="checkbox"/> Trailer
<input type="checkbox"/> Diggers	<input type="checkbox"/> Dozers	Wheels and Rollers: <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> R
<input type="checkbox"/> Line Haul	<input type="checkbox"/> Forklift – OSH	<input type="checkbox"/> Passenger (P)
<input type="checkbox"/> Metro	<input type="checkbox"/> Forklift – F endorsement	<input type="checkbox"/> Dangerous Goods (DG)

Do you have your own transport ☐ Yes / ☐ No

Are you fluent in written and spoken English? ☐ Yes / ☐ No

Interests: _____

SOFTWARE PACKAGES USED (GENERAL AND SPECIALIST)

Please list software packages used including all payroll, accounting, technical and graphic packages. Your knowledge of these packages may be assessed.

Other Specialist Computer / IT Skills:

For Clerical, Administration and Accounts Registrations

Please indicate which of the following skills you have relevant experience in:

Word Processing	<input type="checkbox"/>	Accounts – Manual	<input type="checkbox"/>
Date Entry – Numeric	<input type="checkbox"/>	Accounts – Computerised	<input type="checkbox"/>
Date Entry – Alphanumeric	<input type="checkbox"/>	Payroll – Manual	<input type="checkbox"/>
Reception	<input type="checkbox"/>	Payroll – Computerised	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	Debtors	<input type="checkbox"/>
Dictaphone	<input type="checkbox"/>	Creditors	<input type="checkbox"/>
Shorthand	<input type="checkbox"/>	Credit Control	<input type="checkbox"/>
Medical Typing	<input type="checkbox"/>	Verbatim	<input type="checkbox"/>
Other Specialist Skills:	<input type="checkbox"/>	Legal Typing	<input type="checkbox"/>
<hr/>			
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FOR CUSTOMER SERVICE AND SALES REGISTRATIONS

Please indicate which of the following skills you have relevant experience in:

Call Centre	<input type="checkbox"/>	Stocktaking	<input type="checkbox"/>
Supervisory	<input type="checkbox"/>	Cash handling	<input type="checkbox"/>
Sole-Charge	<input type="checkbox"/>	Retail	<input type="checkbox"/>
Telesales	<input type="checkbox"/>	Front Counter	<input type="checkbox"/>
Sales	<input type="checkbox"/>	Banking	<input type="checkbox"/>
Marketing	<input type="checkbox"/>		
Other specialist skills:			
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FOR HOSPITALITY AND GENERAL SERVICES REGISTRATIONS

Please indicate which of the following skills you have relevant experience in:

Chef (Qualified)	<input type="checkbox"/>	Wait staff	<input type="checkbox"/>
Cook	<input type="checkbox"/>	Kitchen Hand	<input type="checkbox"/>
Manager's certificate	<input type="checkbox"/>	Barista	<input type="checkbox"/>
Maitre'd	<input type="checkbox"/>	Cleaning - Domestic	<input type="checkbox"/>
Silver service waiting	<input type="checkbox"/>	Cleaning - Commercial	<input type="checkbox"/>
Personal Care Worker	<input type="checkbox"/>		
Other specialist skills:			
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<hr/>			

FOR TECHNICAL, SPECIALIST OR PROFESSIONAL REGISTRATIONS

Please indicate which of the following skills you have relevant experience in:

Chartered Accountant	<input type="checkbox"/>	Engineer (specify discipline)_____	
Auditor	<input type="checkbox"/>	Mining (specify discipline)_____	
Financial Accountant	<input type="checkbox"/>	Management or Executive	<input type="checkbox"/>
Management Accountant	<input type="checkbox"/>	Logistics and Planning	<input type="checkbox"/>
Accounting Technician	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>
Other specialist skills:			

Please tick where applicable

Would you prefer to provide and use your own protective clothing for you comfort and convenience? ☐ Yes/ ☐ No

If yes, Select will need to check your protective clothing is suitable for use on assignments

Tiling	<input type="checkbox"/>
Carpet laying	<input type="checkbox"/>
Scaffolding	<input type="checkbox"/>
Mobile plant maintenance	<input type="checkbox"/>
Fixed plant maintenance	<input type="checkbox"/>
Panel beating	<input type="checkbox"/>

Declaration of Criminal Record

(signature)

Name: _____

Hepatitis A	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Asthma	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Hepatitis B	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Hay Fever	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Hepatitis C	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Diabetes	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Tuberculosis	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Hernia	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Hearing Condition	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Back Injury or Strain	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Visual Impairment	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Joint Strain	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Contact Dermatitis	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Soft Tissue Injury	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Irritating Skin Conditions	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Blackouts or Seizures	<input type="checkbox"/> YES / <input type="checkbox"/> NO

Are you taking any drugs or medicine (prescription or non prescription) ☐ YES / ☐ NO

(A Gradual Process Injury is an injury that comes on over a period of time, for example, Occupational Overuse Syndrome, Tendonitis, Occupational Asthma, RSI)

If yes to the above question give details: _____

If yes to the above question give details: _____

If you have answered yes to any of the above questions relating to your medical history, please advise what effects or limitations there are as a consequence on your ability to carry out work safely

I declare that I have understood the above information and all the information that I have provided to Select Recruitment is true, accurate and complete.

Date: ____ / ____ / ____

DECLARATION AND AUTHORISATION

1. **I CERTIFY** that all the information that I have provided to Select is true, accurate and complete.
2. **I UNDERSTAND** that all information provided about me to Select will be held by Select and used for the purpose of evaluating my qualifications, experience and suitability for permanent and/or temporary employment with Select or with any other employer.
3. **I AUTHORISE** Select to contact any person and seek further information from them, which may be relevant to my application for employment. Without limiting the generality of this authorisation, I authorise Select to obtain any information about me held by credit reference agencies where applicable to a particular position.
4. **I AUTHORISE** Select to disclose information, which they hold about me to any potential employer and also other recruitment agencies, which are members of the Recruitment Consultancy Services Association (RCSA). Information will only be provided to other members of the RCSA if I have made an application for employment with or through them, or in the event that Select discover that I have provided them with information that is false or misleading.
5. **I UNDERSTAND** that Select complies with the Unsolicited Electronic Messages Act 2007. I understand that when registering to use services provided by Select, I am asked to provide a valid email address and/or mobile phone number. I understand that the supply of an email address and/or mobile phone number will be deemed consent to receive email and/or text messages (SMS or other) from Select under Part 1 Section 4 (1) by inferred consent. Such email and/or text message will be confined to messages about services that Select considers may be of interest to me.
6. **I UNDERSTAND** that my employment may be terminated if, after investigation, any employer discovers that any information which I have provided either in the application or in support of it, or which has been provided on my behalf pursuant to Clause 9 is false or misleading.
7. **I AUTHORISE** Select to obtain my driver history/traffic offences information from Land Transport NZ (or the relevant government Land Transport authority) in the event that as part of my employment I am required to drive the vehicle(s) owned by Select or their clients(s).
8. **I AUTHORISE** Select to retain any information about me until I advised that I no longer wish to seek employment opportunities through Select. I understand that Select might retain non-active information about me on their computer system, unless I request Select to destroy that information. Physical copies of information will be destroyed after a 3-month period of no action.
9. **I CERTIFY** that I have personally completed all sections of this application. ☐ YES / ☐ NO
If no please advise who completed _____ relationship to applicant
10. Reason not completed by applicant _____
11. **I UNDERSTAND** that if I have previously been registered with Select, information from my previous registration (if still available) may be referred to and used again.
12. **I UNDERSTAND** that Select is not responsible for returning original CV's or Certificates.
(NB: Select do **not** hold original documents, please supply copies only.)

SIGNED BY

SIGNED BY for and on behalf of
Select Recruitment

(Candidate's Signature)

(Consultant's Signature)

DATED: ____ / ____ / ____

*Select will take reasonable precautions in accordance with the Privacy Act 1993 to safeguard your personal information against the loss, misuse or unauthorised use or disclosure. Personal information held by **SELECT** about you can be accessed by you, and you have the right to request correction of that information in accordance with the Privacy Act 1993.*