

**APPLICATION FOR EMPLOYMENT**

1. You should provide complete information for each question unless otherwise advised, regardless of whether you consider it relevant to the position for which you have applied. Failure to complete this form in a manner required may result in your application being declined.
2. This information is collected to assess your suitability for employment with Edgewater Wanaka. If your application is successful, this form will be retained on your personal file.

POSITION APPLIED FOR: \_\_\_\_\_

Department: \_\_\_\_\_

Type of Employment: (circle one)      Full-Time      Part-Time      Casual/Seasonal

When are you available for work:      Daytime      Evenings      or Both      Weekends

Please indicate length of availability: (minimum 6 months) \_\_\_\_\_

Please indicate length of stay in Wanaka: \_\_\_\_\_

Please attach your CV.

NAME: \_\_\_\_\_

If you are known by any other name/s please record these here: \_\_\_\_\_

RESIDENTIAL ADDRESS:  
\_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Do you have permanent residency in New Zealand? YES / NO  
 If not, are you legally authorised to work in New Zealand? YES / NO  
 Do you hold a full current NZ driving licence? YES / NO

Do you intend to engage in other paid or voluntary work whilst employed in this position? YES / NO

Do you have or are you aware of any likely commitments which may prevent you from attending your place of employment during normal working hours (e.g. sports, hobbies, special interests, education, training)? YES / NO

Edgewater has a Smoke-Free Workplace policy which means there is no smoking on or around premises.  
 Would this be a problem for you? YES / NO

## Health Status

A disability or health problem does not preclude full consideration of applications from suitably qualified people.

Do you have any illness, injury or condition (including a history of mental illness or depression) that will prohibit you from doing the job you have applied for effectively and safely or might require you to take a significant number of days off work? YES / NO

If so please give details: \_\_\_\_\_

Have you ever suffered from any gradual process or overuse injuries such as RSI OOS (which includes tendonitis, carpal tunnel syndrome, tennis elbow/epicondylitis etc)? YES / NO

If YES, please provide details and describe any technical aids, equipment or adaptations to the workplace which you need to make your work easier and/or increase your performance.

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## Details of Covid-19 vaccination

Unless a valid reason exists, our policy (given the nature of our business) is to require all new employees to be fully vaccinated.

Please tick one:

- I have had both vaccine doses
- I have had one vaccine dose, and I will have my second dose on or around \_\_\_\_\_ (insert date)
- I am unvaccinated or would prefer not to disclose my vaccination status
- I have a valid medical or other reason (which is protected under the Human Rights Act) to remain unvaccinated. *We will discuss this with you directly – please note independent verification will be required.*
- Please attach a copy of your Covid-19 vaccine confirmation for our records**

## Criminal record

Have you ever been charged with or convicted of a criminal offence? Yes:  No:   
If yes, further information relevant to potential employment may be sought at any subsequent interview.

**Note:** you are not required to disclose any charges or convictions that are eligible to be suppressed under the Criminal Records (Clean Slate) Act 2004.

## REFEREES

Enter the details of two employment related referees to whom we may refer. Ideally one will be your current employer and the second a recent employer.

NAME: _____	NAME: _____
POSITION: _____	POSITION: _____
COMPANY: _____	COMPANY: _____
RELATIONSHIP TO YOU _____	RELATIONSHIP TO YOU _____
PHONE: _____	PHONE: _____
LENGTH OF EMPLOYMENT? _____	LENGTH OF EMPLOYMENT? _____

Has your employer/professional body taken any disciplinary action or any legal proceedings (both past and pending) that may affect your ability to carry out the duties of the position or impact upon your practising certificate or registration? YES / NO. If YES please provide details.

Was any of your previous employment under another name?

YES / NO

If YES please state your other name: \_\_\_\_\_

If appointed, I can commence duties on (date): \_\_\_\_\_

### CONDITIONS OF APPOINTMENT:

1) All information given on this form, and that gathered on personnel files during employment, may be accessed by Edgewater HR and/or those persons/organisations from which they may seek advice relative to any matter contained on the individual's personnel file.

2) Salary, Annual Leave, Sick Leave, Allowances etc are in accordance with the appropriate employment agreements and relevant policy and procedures.

3) All employees are required to conform to any policies and procedures made by Edgewater.

4) Tenure: The appointment shall generally be subject to a notice period in writing as per the Individual Employment Agreement. In the event of misconduct or inability to discharge the duties of the role, an appointee may be suspended from duty at any time and have their employment terminated.

## DECLARATION

I, \_\_\_\_\_ (full name) consent to Edgewater seeking verbal or written information on a confidential basis from the referees listed above. Furthermore, I authorise information sought by Edgewater to be used for the purposes of ascertaining my suitability for the position I am applying for.

I understand that incorrect or misleading information or information suppressed on this form may result in being disqualified from appointment, or if appointed, in subsequent dismissal.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*All personal information collected by Edgewater Resort Hotel as part of our recruitment process will be stored and protected in accordance with the Privacy Act 2020 ("the Act").*