



APPLICATION FOR EMPLOYMENT

Position applying for _____

When is the earliest you could commence if offered a position?

PERSONAL DETAILS

First Names _____

Surname _____

Current Address _____

Phone _____

Mobile _____

Email Address _____

Date of birth (D/M/Y) _____

What class of New Zealand drivers license do you have?

New Zealand Citizen Permanent Resident Other

(If 'Other' ticked please give details on your eligibility to work in New Zealand).

Are you a smoker?

YES / NO

Is English your first language?

YES / NO

IF YOU ANSWER YES TO THE FOLLOWING QUESTIONS PLEASE GIVE BRIEF DETAILS.

Do you have any communication difficulties that may prevent you from fully understanding the clients or staff?

YES / NO

Have you ever been convicted of a criminal offence?

YES / NO

Do you have any allergies to hairdressing products or related equipment that might prevent you from performing your duties?

YES / NO

Do you have any pre-existing medical conditions or injuries of any kind that might prevent you from working?

YES / NO

Have you ever had an injury at work that required you to take time off?

YES / NO

Have you ever taken more than 5 days absence due to illness in the last 12 months?

YES / NO



EMPLOYMENT HISTORY

Please list most recent employer first.

(No contact will be made with your current employer until you give specific permission).

NAME OF EMPLOYER

Position held/type of work

Period of employment (From and to)

Reason for leaving

NAME OF EMPLOYER

Position held/type of work

Period of employment (From and to)

Reason for leaving

NAME OF EMPLOYER

Position held/type of work

Period of employment (From and to)

Reason for leaving

REFEREES

Please provide at least two previous employers.

NAME

Title

Telephone

NAME

Title

Telephone

NAME

Title

Telephone



EDUCATION

Please list the name of institute, dates attended (from and to), and standards/qualifications gained:

Other qualifications/skills/experience relevant to this position (awards, competition work etc):

STRENGTHS & WEAKNESSES

Please briefly write down your personal strengths and weaknesses.

DECLARATION

I declare that the information provided is to the best of my knowledge a true and correct record. I give permission to H&B – Hair Art & Beauty to seek verbal or written information about me from my referees, on a confidential basis. I understand this information will be used by H&B – Hair Art & Beauty for the purpose of determining my suitability for the position for which I am applying. I accept that H&B – Hair Art & Beauty may conduct criminal record and credit checks through the relevant authorities. I understand that all information received by H&B – Hair Art & Beauty is supplied in confidence and will not be disclosed to me.

Applicants signature

Date
