



NETBALL TARANAKI EMPLOYMENT APPLICATION FORM

VACANCY: Satellite Controller

The following details are to be completed personally by the applicant.

NAME: _____ (Mr/Mrs/Ms/Miss)

ADDRESS: _____

PHONE: _____ (Home) _____ (Work)

_____ (Mobile) (email) _____

DATE OF BIRTH: _____

Please attach your current CV and if the following questions are not answered please fill in the remainder.

Please indicate which satellite you are applying for: _____

PERSONAL STATEMENT:

EDUCATION:

(Please state the name of the institution, the year you were there and what you achieved, i.e: Certificate/Bursary/Degree etc.

Secondary: _____

Tertiary: _____

OTHER SKILLS & TRAINING:

Training: _____

Computer Skills: _____

PLEASE LIST ANYTHING ELSE THAT YOU FEEL RELEVANT TO THE POSITION BEING APPLIED FOR:

DO YOU HAVE EMPLOYMENT? Yes/No

If yes, please give details: _____

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENCE? Yes/No

DO YOU HAVE ANY CRIMINAL CASES PENDING? Yes/No

DO YOU HAVE A CURRENT DRIVERS LICENCE? Yes/No

If yes, what class? _____

WHAT ARE YOUR INTERESTS/HOBBIES/SPORTS/CLUBS OR COMMUNITY ACTIVITIES?

MEDICAL:

HAVE YOU EVER SUFFERED FROM ANY INJURY REQUIRING TIME OFF WORK/STUDY? Yes/No

If yes, please detail: _____

DO YOU HAVE ANY KNOWN CONDITION, CURRENT OR PREVIOUS ILLNESS OR INJURY, WHICH MAY AFFECT YOUR ABILITY TO EFFECTIVELY CARRY OUT THE FUNCTIONS AND RESPONSIBILITIES OF THE POSITION APPLIED FOR OR THAT COULD PUT OTHER EMPLOYEES AT RISK? Yes/No

IN YOUR PAST EMPLOYMENT HAVE YOU EVER SUFFERED FROM ANY FORM OF OCCUPATIONAL OVER USE SYNDROME? Yes/No

If yes, please detail: _____

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DO YOU CONSENT TO THE ORGANISATION RETAINING THE INFORMATION CONTAINED IN THIS APPLICATIONS FORM FOR THE PURPOSES OF CONSIDERING YOUR SUITABILITY FOR THIS OR ANY OTHER POSITION, WHICH MAY ARISE WITH THIS ORGANISATION IN THE FUTURE? Yes/No

DECLARATION:

I (Full Name): _____ declare that:

1. To the best of my knowledge the answers in this application and attachments are correct.
2. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, my application will be denied or if I am employed, my employment will be terminated.
3. Any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC or my Employers workplace accident insurer.
4. The information collected is for the sole purpose of assessing my suitability for employment at Netball Taranaki.

Signed: _____ **Date:** _____

Please note:

Completing this form does not put any obligation on Netball Taranaki to engage the applicant.