

Application for Employment

- To be completed personally by the applicant
- Please write clearly and print using block letters

Note: The completion of this form does not indicate that there is any obligation on the TelferYoung or any of its entities to engage the applicant. This information is collected for the purpose of assessing your suitability for employment at one of the TelferYoung entities which may include subsequent changes in employment with a TelferYoung entity

DATE OF APPLICATION:

POSITION APPLIED FOR:

NAME

First name(s):

Family name:

Preferred name:

Are you known by any other name/s? (If so, please detail)

Yes / No

CONTACT ADDRESS AND PHONE NUMBERS

Contact address:

Mobile number:

Home phone number:

Email:

AGE

Are you over 16 years of age?

Yes / No

LEGAL WORK STATUS

Are you legally entitled to work in New Zealand?

Yes / No

If yes, please tick which work status you hold below:

<input type="checkbox"/>	A New Zealand or Australian Citizen
<input type="checkbox"/>	A New Zealand Permanent Residence
<input type="checkbox"/>	A New Zealand Work Permit

If you hold a Work Permit, please detail the type and expiry date:

Note: To work at a TelferYoung entity you must be legally entitled to work in NZ. People on a valid work permit may only be employed on a temporary basis. If you are selected for consideration, you will need to provide an original identity document for copying (i.e. your NZ or AU birth certificate, or passport including relevant visas), or a certified true copy of the relevant documents.

REGISTRATION

If you are applying for valuer position, which of the below applies?

<input type="checkbox"/>	I am registered in New Zealand (NZIV) and hold an Annual Practicing Certificate
<input type="checkbox"/>	I am registered in New Zealand (NZIV) but do not hold an Annual Practicing Certificate
<input type="checkbox"/>	I am registered overseas (please provide details, plus requirements to become NZ registered in Cover Letter)
<input type="checkbox"/>	I am an unregistered graduate (with a Property Degree)
<input type="checkbox"/>	I am still completing a Property Degree

LOCATION

What location/s are you interested in? (please tick all that apply)

<input type="checkbox"/>	Northland	<input type="checkbox"/>	Rotorua	<input type="checkbox"/>	Nelson Marlborough
<input type="checkbox"/>	Auckland	<input type="checkbox"/>	Hawkes Bay	<input type="checkbox"/>	Canterbury
<input type="checkbox"/>	Waikato	<input type="checkbox"/>	Taranaki	<input type="checkbox"/>	Otago
<input type="checkbox"/>	Tauranga	<input type="checkbox"/>	Wellington	<input type="checkbox"/>	Southland

CREDIT CHECK

If you are applying for a **Finance or Legal** role, we will conduct a credit check. Your date of birth is required for this check. Please complete the following:

I _____ consent to TelferYoung seeking information on a confidential basis about my credit history. My date of birth is _____ (day) _____ (month) _____ (year).

CRIMINAL HISTORY

Except any records covered by the Criminal Records (Clean Slate) Act 2004 (section 19(3)(d)(iii); have you ever appeared before any court, or have any previous criminal or civil convictions, traffic offences (including speeding tickets), impending charges, diversions, discharges, or warnings for offences or expected to be involved in any litigation in New Zealand and/or overseas? (If so, please detail):

Yes / No

DRIVER LICENCE

If you are applying for a role where you may be required to drive for work purposes, we request evidence that you hold a current Driver licence and have a clean driving record. Please complete the following:

Driver Licence No.

Driver Licence Clause

Driver Licence Endorsements

Do you have any demerit points? (If so, please detail) Yes / No

HEALTH STATUS

If you are offered employment, the offer is made subject to understanding your fitness for the job for which you are applying.

Do you have an injury, psychological condition or medical condition, including those caused by gradual process, disease or infection (e.g. hearing loss or occupational overuse syndrome) or any other disability, which may affect your ability to perform the duties of the position satisfactorily OR pose a risk of harming yourself or another person, including the risk of infecting another person with an illness? Yes / No

If yes, please provide details and describe any facilities, technical aid, equipment or adaptations to the workplace that you would require to:

- Be able to satisfactorily carry out the duties of the position; and/or
- You believe would be required to effectively eliminate, isolate or minimise the risk identified.

Have you had any health-related issue that has impacted on your ability to perform a previous role which could also impact on your ability to perform the role to which you are applying? (If so, please detail): Yes / No

CV

Have you provided a comprehensive CV that covers the following? (please tick):

<input type="checkbox"/>	Education (highest secondary school and tertiary qualifications)
<input type="checkbox"/>	Qualifications (including universities, certificates and licences)
<input type="checkbox"/>	Employment history (including company, title, duties, length of service and reason for leaving)
<input type="checkbox"/>	Referees (including full name, position, company, relationship and phone number)

REFEREE CONSENT

I, _____ (full name), consent to the relevant TelferYoung entity seeking verbal or written information, on a confidential basis, about me from the referees provided, and authorise the information sought to be released by them to the TelferYoung entity for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the TelferYoung entity is supplied in confidence as evaluative material and may not be disclosed to me.

GENERAL

If your application is successful, when could you commence employment?

PRIVACY ACT CONSENT

Do you consent to TelferYoung retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with this TelferYoung entity in the future? Yes / No

EMERGENCY CONTACT INFORMATION

Should you be successful in your application, we retain emergency contact information in case of a Civil Defence or any similar incidents. Please provide the relevant details below:

Name:

Relationship to you:

Contact number:

DECLARATION

I, _____ (full name), declare that to the best of my knowledge the information provided in this application and in any resume enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or employment has commenced it may be terminated without notice.

Signed _____ Dated _____