

## APPLICATION FOR APPOINTMENT TO SATURDAY MUSIC

Position applied for

Tick One

Mr

Mrs

Ms

Miss

Dr

Or other preferred title:

Surname/Family Name

First Names (in full)

<input type="text"/>	<input type="text"/>
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Full Postal Address

Contact Telephone Number

Home Phone No.:

Email:

Mobile No.:

Please tick the appropriate boxes:

Are you a New Zealand citizen?

Yes  No

If not, do you have resident status, or

Yes  No

A current work permit?

Yes  No

Have you ever had a criminal conviction?

Yes  No

*(convictions that fall under the clean slate scheme do not have to be disclosed)*

If "Yes" please detail:

<p>Have you ever received a police diversion for an offence?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If "Yes" please detail:</p>		
<p>Have you been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If "Yes" please detail:</p>		
<p>Are you awaiting sentencing/currently have charges pending?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If "Yes" please state the nature of the conviction/cases pending:</p>		
<p>In addition to other information provided are there any other factors that we should know to assess your suitability for appointment and ability to do the job?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If "Yes", please elaborate:</p>		
<p>Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the tasks of this job may aggravate or contribute to?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If "Yes", please detail:</p>		
<p>Do you have a current driver's licence?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<p>I declare all information relating to this application to be accurate and complete to the best of my knowledge.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_