

INTERNSHIP APPLICATION FORM

We invite you to provide information for the purpose of assessing your application and suitability for an internship with us. The information in this form is requested in accordance with the NZ Privacy Act (1993). If your application is successful, this form will be kept as a part of your personnel records. You are entitled to access the form on request. Information relating to unsuccessful applications may be kept for up to 12 months and will then be destroyed.

To be completed personally by the Applicant (if completed electronically, it is a condition of our internship that a copy of the completed form must be signed personally)

Date of Application:	
Position Applied for:	
Location of Position:	

PERSONAL DETAILS

Your Family Name:	
Date OF Birth:	
Given Names (underline name used):	
Are you known by any other name(s)?:	

CONTACT DETAILS

Number and Street:	
Suburb and Town:	
Country:	
Home Phone Number:	
Daytime Phone/Mobile Number:	
Email:	

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BACKGROUND

Have you worked in our industry before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please provide details:		
Do you have any family members who also work in our industry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please provide details:		
Where did you hear about the vacancy?	Advertisement <input type="checkbox"/> Employee Contact <input type="checkbox"/> Recruitment Company <input type="checkbox"/> Company Website <input type="checkbox"/> Other <input type="checkbox"/> <i>(specify)</i>	

LEGAL WORK STATUS:

Are you legally entitled to work in New Zealand? <i>(if the position for which you are applying is based in NZ) *You will be required to provide proof of eligibility.</i>	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
Please give details of your legal entitlement:	NZ or Australian Citizen <input type="checkbox"/> NZ Permanent Resident <input type="checkbox"/> Holder of work permit <input type="checkbox"/>	
If you hold a Work Permit please provide details:	Date of Issue:	Permit Type:
	Date of Expiry:	
Are you legally entitled to work in the country in which the position is based? <i>(if the position for which you are applying is based outside NZ)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give details of your legal entitlement:		

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LANGUAGES

Can you hold an everyday conversation in any language other than English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please provide details:		

MEDICAL INFORMATION

Do you have any current or previous medical conditions/injuries, or are taking any medication that may affect your ability to perform the role effectively and in a manner that is safe for yourself and others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please provide details:		
Do you consent to a medical examination (if required for employment related monitoring) if your application for this position is successful?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever suffered from any "gradual process" type conditions that would affect your ability to perform this job effectively? (Gradual process injuries are caused by repetitive actions, prolonged muscle tension, forced movements and sustained or constrained postures. eg OOS, tennis elbow, tendonitis, carpel tunnel, chronic pain syndrome)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please provide details: Have you had your Covid 19 Vaccinations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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EDUCATION

Please specify the highest level of educational qualification you have achieved:	
Please specify any additional training you have received which is relevant to the position for which you are applying:	
Please specify any current professional memberships which may be relevant to this position:	
Do you have a first aid qualification?	

EMPLOYMENT HISTORY

Please list in order of most recent to least recent. If this information is included in your CV, please write "Refer CV" and attach a copy of your CV.

Present or Most Recent Employer – if you have one?	
Address:	
Job Held:	
Main Duties:	
Length of Service (state dates):	From: _____ To: _____
Reason for Leaving:	

Give details of any other job opportunities which may be relevant:	
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GENERAL

If your application is successful, when could you commence your internship?			
Have you been convicted of a criminal offence, or are you awaiting the hearing of charges in a civil or criminal court of law?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Have you ever been dismissed for dishonesty, or been the subject of an investigation that resulted in your resignation?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
If yes to any of the above 2 questions please provide details:			
Are you willing to undergo a criminal background check?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Do you hold a current drivers license?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
If yes please tick	Full <input type="checkbox"/>		
	Restricted <input type="checkbox"/>		
	Learners <input type="checkbox"/>		
	International <input type="checkbox"/>		
Do you hold any other licenses (e.g. Forkhoist, RT). If yes please provide class:	Yes <input type="checkbox"/>		Class:
Have you ever been disqualified from driving?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Are you awaiting the outcome of any charges that may result in demerit points being issued against your license?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Do you currently have any driving demerit points?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Do you have any visible tattoos or piercings?			
If yes to any of the above 3 questions please provide details:			

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REFEREES

Please provide the names and contact details of any referees (preferably a recent referee).

Name:	
Position:	
Company:	
Relationship to you:	
Phone:	
Email:	

DECLARATION

I declare that the information supplied by me in this application is true to the best of my knowledge and if my application is successful a false declaration or the omission of any relevant information could result in my dismissal. I understand that if I am offered and accept this internship that this form becomes part of the terms and conditions of my internship. I understand that if any information given in response to questions in the Medical section is knowingly untrue, this may affect my entitlement to compensation under the NZ ACC Act.

I authorise the company's representative to contact the referees listed above for the purpose of obtaining any information the company considers relevant to my application.

Signed:	
Dated:	