

## Instructions for Applications

### Pero's Hairtek

Thank you for applying for a position with Pero's Hairtek.

The information you provide on this application form will be used to consider your suitability for the position. You should ensure that the information you provide is full and accurate. The provision of false or misleading information is grounds for dismissal if your application is successful.

All the information provided will be treated confidentially and will only be released in accordance with the authorizations you provide on this form.

If your application is successful, the information on this application will form part of your personnel records. You are entitled to access the information on your personnel record upon request. Unless you consent to Pero's Hairtek retaining the information on your application, Pero's Hairtek destroys all information relating to unsuccessful applicants.

## Applying for a Vacancy

- To apply, applicants must be legally entitled to work in New Zealand under current immigration legislation. If you are unsure of your entitlement to work in New Zealand we refer you to the website <http://www.immigration.govt.nz>. Applicants must also be available for an immediate interview if selected. Applicants who do not match these criteria will not be responded to.
- Applicants must include a copy of their Curriculum Vitae with their application.
- You may email or post an application and supporting documentation to the Company. The application must be received by the closure of the advertised vacancy.

**Enquiries to:** Carl & Carolyn Redshaw

**Email applications to:** info@perohairtek.co.nz

**Post applications to:** P.O.Box 10280. Bayfair. Mount Maunganui 3152.

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### Pero's Hairtek

The information collected in this form is for the purpose of assessing your suitability for employment by Pero's Hairtek.

**Note:** Completion of this form does not indicate that there is any obligation on Pero's Hairtek to engage the applicant.

**Name of Position:** \_\_\_\_\_

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

*For Office Use Only*

### Section One - Personal Information (Please Print)

First Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### Section Two - Legal Work Status

If you are not a New Zealand citizen, do you have the right of permanent residence or a work permit? Yes  No

(It will be necessary to produce your passport for verification)

Are you an assisted immigrant under bond to the New Zealand Government or any other employer? Yes  No

If yes, do you have authority to accept other employment? Yes  No

### Section Three – Drivers Licence or Convictions

Do you have a current drivers licence? Yes  No

If yes, No: \_\_\_\_\_ Class(es): \_\_\_\_\_ Demerit Points: \_\_\_\_\_

Has your licence ever been endorsed? Yes  No

If yes, give brief details: \_\_\_\_\_

Have you ever been convicted of a criminal offence or are you currently awaiting the hearing of charges in a civil or criminal court of law? Yes  No

If yes, give brief details: \_\_\_\_\_

### Section Four – State of Health & Medical Testing

Do you have, or have you suffered from, a physical or mental impairment or condition which may affect your ability to perform the tasks of this position? Yes  No

Have you suffered an injury or illness which may be aggravated or further contributed to by the tasks of this job? Yes  No

If yes to either please provide details: \_\_\_\_\_

Have you had a work related personal injury within the last two years of your employment that has resulted in an ACC claim? Yes  No

If yes please give details: \_\_\_\_\_

Please indicate how many days absence you have had due to sickness (which is unrelated to a disability) in your last 12 months of employment. \_\_\_\_\_

If you are short listed for the position do you agree to undergo a medical examination, which may include a drug or alcohol test, should the company consider it relevant to the position. Yes  No

**Note:** Any tests or examination would be conducted by a medical practitioner nominated by the company.

If Yes, do you consent to the results of the tests and/or examination being disclosed/released to the company? Yes  No

The company has a policy requiring employees to submit to reasonable cause and/or post accident alcohol and drug testing in some circumstances. If you are employed do you consent to reasonable cause and/or post accident alcohol and drug testing. Yes  No

### Section Five – Qualification and Skill (start with your present or most recent position)

Institution: \_\_\_\_\_ Year of completion: \_\_\_\_\_

Course/Subjects: \_\_\_\_\_ Pass Level: \_\_\_\_\_

Institution: \_\_\_\_\_ Year of completion: \_\_\_\_\_

Course/Subjects: \_\_\_\_\_ Pass Level: \_\_\_\_\_

Institution: \_\_\_\_\_ Year of completion: \_\_\_\_\_

Course/Subjects: \_\_\_\_\_ Pass Level: \_\_\_\_\_

Institution: \_\_\_\_\_ Year of completion: \_\_\_\_\_

Course/Subjects: \_\_\_\_\_ Pass Level: \_\_\_\_\_

Do you authorise the company to contact these education institutions to verify your stated qualifications or courses attended. Yes  No

Please describe the skills and experience, (e.g. Computer skills, technical skills) you consider are relevant to your application (excluding formal qualifications);- \_\_\_\_\_

**Section Six - Employment History** (start with your present or most recent position)

1. Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

Length of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

Length of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

Length of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

For the purposes of compliance with the Privacy Act 1993, do you consent to Pero's Hairtek contacting your these employers for the purposes of reference checking? Yes  No

**Referees:** Please give details of three referees who may be contacted. Preferably two work-related referees and one personal referee.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Occupation: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Occupation: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Occupation: \_\_\_\_\_

I consent to Pero's Hairtek seeking verbal or written information about me on a confidential basis from representatives of my previous employers and/or referees and authorise the information sought to be released by them to Pero's Hairtek for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by Pero's Hairtek is supplied in confidence as evaluative material and will not be disclosed to me.

Yes  No  If yes, signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### Section Seven - Interests

Membership of Business, Professional or Trade Organisations:

Name of Organisation:

Office Held (if any):

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Hobbies/Interests: (list your hobbies and interests)

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### Section Eight

Why would you like to work for Pero's Hairtek? \_\_\_\_\_

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If your application is successful, when could you start work? \_\_\_\_\_

What is your current salary/wage? \_\_\_\_\_

What is your expected salary/wage? \_\_\_\_\_

You do know, you will be required to work weekends and late nights.

Yes  No

Please add here any additional information you wish to support your application;-

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### Section Nine - Declaration

I \_\_\_\_\_ (full name)

declare that to the best of my knowledge, the answers to the questions in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection, may result in my loss of entitlement for any compensation from ACC.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_