



Registration for Employment

Personal Information

Date:/...../.....

First Name(s): _____ Surname: _____
 Known as: _____ Date of birth:/...../.....
 Address: _____ Home: _____
 Town: _____ Mobile: _____
 Postcode: _____ E-mail: _____

Would you like to receive our e-newsletter? Yes No

Location Preferences – where do you want to work?

Any Rangiora Kaiapoi Christchurch Other.....

Availability – when are you available to work?

Any Day Mon Tues Wed Thur Fri Sat Sun
 Full Time Part Time Casual Temporary Permanent
 Day shift Evenings Nights Minimum Hourly Rate \$ _____

If successful for any assignment, are there any limitations that may affect your availability for work? e.g. study, sport or children commitments: _____

Licences and Endorsements

(Please produce for sighting)

Do you have transport? Yes No Form of transport? _____
 Do you currently hold a drivers licence? Yes No Licence Expiry: _____
 Full Restricted Learner (Please circle class) 1 2 3 4 5 6 F W T R P D
 Do you currently hold a Forklift OSH Certificate? Yes No Expiry Date: _____
 Do you currently hold a Site Safe Certificate? Yes No Expiry Date: _____
 Do you have safety gear? Steel cap boots Hi Vis Vest Other.....

<u>Your consultant to complete:</u>	On File	
Preferred Role:	CV	
.....	Licence	
.....	OSH	
.....	Visa/PP	

About You:

How motivated are you to find work? High 5 4 3 2 1 Low

What do you consider to be your skills? _____

What is your greatest achievement? _____

What other agencies are you registered with? _____

Industries you would like to work in? _____

Industries you would not like to work in? _____

Employment History

Are you currently employed? Yes No How much notice is needed?

Date from: _____	Date to: _____
Current/Most Recent Employer: _____	
Position Held: _____	
Responsibilities: _____	
Reason for Leaving: _____	

Date from: _____	Date to: _____
Previous Employer: _____	
Position Held: _____	
Responsibilities: _____	
Reason for Leaving: _____	

Date from: _____	Date to: _____
Previous Employer: _____	
Position Held: _____	
Responsibilities: _____	
Reason for Leaving: _____	

Specialised Skills:

(Please state any equipment/software that you have had training/experience in.)

Education/Qualifications:

Date from: Date to: Institution/Provider: Qualification(s) gained:

Date from:	Date to:	Institution/Provider:	Qualification(s) gained:

How did you hear about us?

- Our website
- Facebook
- Yellow / White Pages
- Previously Registered
- Walk By
- WINZ
- Word of Mouth (*who*).....
- Other (details)

Work References

(Please list current and/or previous employers within the last three years)

Company Name: _____
Referee Name: _____
Referee Position: _____
Relationship to you: _____
Phone: _____ Mobile: _____ Fax: _____
E-mail: _____

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Referees to be supplied

I,.....agree that you may collect information about me from any source which relates to my application for employment. This form is an authority for those people contacted to disclose any appropriate information required by Elevate. I understand the information gathered about me is for evaluation purposes only, and that it will be held in confidence and will not be available to me.

I declare that all information given by me and any attached documents are true, complete and correct. I understand if it is found that I have misrepresented myself or suppress any information, should I have been given employment, this could lead to my contract being terminated. I agree to promptly notify Elevate if any of the information supplied changes.

Signed.....Date.....

ElevateDate.....



WINNER OF THE 2014
PROFESSIONAL SERVICE AWARD