### HALSWELL RLFC

PO Box 37009

Halswell 8245

Ph +64(0)3 322 8822

HALSWELL RUGBY LEAGUE FOOTBALL CLUB

Current Date:

Position applied for: Halswell RFLC Part time Development Officer/Adm­­­­­­­­­inistrator 2014

#### Section 1 Personal Information

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mr/Mrs/Miss/Ms (please circle preferred title)

1. Residential address:

 Email:

 Phone No. Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### **Section 2 Employment History**

1. Please provide details of two most recent employers:

 (a) Employer

 Address

 Length of service: from to

 Position held

 Nature of work

 (b) Employer

 Address

 Length of service: from to

 Position held

 Nature of work

**Section 3 Referees**

Please give details of two referees who you authorise us to contact. One referee should be work related and the second may be personal.

1. Name:

 Address:

 Phone Number: (home) (work)

 Relationship to applicant:

1. Name:

 Address:

 Phone Number: (home) (work)

 Relationship to applicant:

1. Do you give your consent for any relevant information relating to this position to be obtained from named referees or current employers?

Yes

No

1. Have you had any criminal convictions? Yes No

 If “yes” please attach a statement of details to this form.

Yes

No

1. Are you a New Zealand citizen?

1. If “no” to question 5, do you have the legal right to work in New Zealand, either through Permanent Residence or a valid work permit?

Yes

No

**Section 4 Health**

Please answer all questions

1. Do you have any medical condition that may prevent you from completing the key tasks contained in the Job Description? Yes/No

 If “yes”, please provide details of the condition and current treatment/medication.

1. Are there any health or safety provisions we need to make on your behalf to be a good employer?

**Section 5 Additional Information**

Please attach any additional information that you consider may assist your application in a Curriculum Vitae.

**Section 6 Official Information Act Requirements**

**Collecting and Holding Personal Information**

The information you provide in this application will be held by Halswell Rugby Football League Club.

**Purpose**

The information is for the purpose of assessing your suitability for part time employment and the club’s obligations to fulfil legislative requirements such as EEO and ACC. If your application is successful it will be retained in your personnel file. If unsuccessful it will be destroyed within one month of appointment of the successful applicant.

**Access to this Information**

You have a right of access to personal information held about you.

**Section 7 Declaration**

I, (full name) declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be appointed, or if I am employed, I may be dismissed. I also understand that any false information given in Section 5, Health, may result in my loss of entitlement for any compensation from ACC (or, as applicable, under the Accident Insurance Act).

Signature: Date:

**Applications close 5pm, Monday, 10 February, 2014.**

**Please send your completed application form and a copy of your Curriculum vitae**

**By mail to The Secretary**

 **Halswell Rugby Football League Club**

 **PO Box 37009**

 **Halswell**

 **Christchurch 8025**

**By email to** halswellhornets@gmail.com

**Thank you for the time taken to complete this application.**