



## APPLICATION FOR EMPLOYMENT

Position applying for \_\_\_\_\_

When is the earliest you could commence if offered a position?  
\_\_\_\_\_

## PERSONAL DETAILS

First Names \_\_\_\_\_

Surname \_\_\_\_\_

Current Address \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Date of birth (D/M/Y) \_\_\_\_\_

What class of New Zealand drivers license do you have?  
\_\_\_\_\_

New Zealand Citizen  Permanent Resident  Other

(If 'Other' ticked please give details on your eligibility to work in New Zealand).

Are you a smoker?

YES / NO

Is English your first language?

YES / NO

IF YOU ANSWER YES TO THE FOLLOWING QUESTIONS PLEASE GIVE BRIEF DETAILS.

Do you have any communication difficulties that may prevent you from fully understanding the clients or staff?

YES / NO

Have you ever been convicted of a criminal offence?

YES / NO

Do you have any allergies to hairdressing products or related equipment that might prevent you from performing your duties?

YES / NO

Do you have any pre-existing medical conditions or injuries of any kind that might prevent you from working?

YES / NO

Have you ever had an injury at work that required you to take time off?

YES / NO

Have you ever taken more than 5 days absence due to illness in the last 12 months?

YES / NO



## EMPLOYMENT HISTORY

Please list most recent employer first.

(No contact will be made with your current employer until you give specific permission).

NAME OF EMPLOYER

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Position held/type of work

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Period of employment (From and to)

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Reason for leaving

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NAME OF EMPLOYER

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Position held/type of work

---

Period of employment (From and to)

---

Reason for leaving

---

NAME OF EMPLOYER

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Position held/type of work

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Period of employment (From and to)

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Reason for leaving

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## REFEREES

Please provide at least two previous employers.

NAME

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Title

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Telephone

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NAME

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Title

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Telephone

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NAME

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Title

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Telephone

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## EDUCATION

Please list the name of institute, dates attended (from and to), and standards/qualifications gained:

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Other qualifications/skills/experience relevant to this position (awards, competition work etc):

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## STRENGTHS & WEAKNESSES

Please briefly write down your personal strengths and weaknesses.

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## DECLARATION

I declare that the information provided is to the best of my knowledge a true and correct record. I give permission to H&B – Hair Art & Beauty to seek verbal or written information about me from my referees, on a confidential basis. I understand this information will be used by H&B – Hair Art & Beauty for the purpose of determining my suitability for the position for which I am applying. I accept that H&B – Hair Art & Beauty may conduct criminal record and credit checks through the relevant authorities. I understand that all information received by H&B – Hair Art & Beauty is supplied in confidence and will not be disclosed to me.

Applicants signature

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Date

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