



Meccano Men's Clothing
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EMPLOYMENT APPLICATION FORM

□ CONFIDENTIAL □

Please read the information contained on this page prior to completing the Employment Application Form which you are requested to personally complete.

The application form is a source of information that is collected for the purpose of assessing your suitability for employment at MECCANO. If this form is incomplete, it may affect the company's ability to properly assess your application.

You are entitled to request access to personal information held by MECCANO and to correct that information. Any request should be made in writing to the Human Resource Manager at the address above.

The Company shall retain all information relating to unsuccessful applications for a period of 6 months from the date of this application.

If successful in your application, the information detailed in this form shall form part of the Company's personnel records.

The above information is in accordance with the Privacy Act 1993.

WHAT HAPPENS IF YOU ARE SELECTED FOR AN INTERVIEW

When a vacancy arises, we select suitable applicants from our files for further consideration and processing.

Our recruitment process involves an interview with the Manager, Regional Manager, HR Manager or Director – depending on the position applied for. If you are successful at the interview stage, the next step of our process is to contact your referees. By talking to your previous employers, we can get a good indication of a candidate's future performance by finding out information on their past performance. The applicant will also complete a Ministry of Justice form that we process to check any criminal convictions, not including those under the Criminal Records (Clean Slate) Act.

New employees are inducted into MECCANO and learn about our product, selling skills, policies & procedures and our expectations for an excellent career in retail.

Date of Application _____

APPLICATION FOR EMPLOYMENT

Note: The completion of this form does not indicate that there is any obligation on the company to engage the applicant.

Purpose: This information is collected for the purpose of assessing your suitability for employment at MECCANO, which may include subsequent changes in employment with the company.

Position Applied For:

How did you learn about this vacancy? *(please circle the appropriate one)*

Seek website

Store window advert

Word of mouth

MECCANO website

Newspaper: *(please name which one)*

YOUR NAME (in block letters)

Family Name:

Given Names (underline name used):

Are you known by any other names:

Date of birth: (optional)

YOUR CONTACT ADDRESS AND TELEPHONE NUMBERS

Contact Address:

Home Phone Number:

Mobile Phone Number:

Other No/Email: (If Any)

LEGAL WORK STATUS

Are you legally entitled to work in New Zealand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
As a New Zealand Citizen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
As a Permanent Resident	Yes <input type="checkbox"/>	No <input type="checkbox"/>
As a holder of a current Work Permit	Yes <input type="checkbox"/>	No <input type="checkbox"/>

LANGUAGES

Can you hold an every day conversation in any language other than English?

QUALIFICATIONS (Including university, further education, etc)

Name of secondary school attended and qualifications received:

Please provide details of any Tertiary Degrees and/or Qualifications – any courses attended? (give details):

Do you have any other qualifications/ certificates/ licences/ or attended any courses? (give details):

EMPLOYMENT HISTORY

Present or most Recent Employer

Company:

Job Held:

Full Time or Part Time Position

Length of service

Reason for Leaving:

For the purposes of compliance with the Privacy Act 1993, do you consent to the company contacting your present employer for the purposes of reference checking should we have an employment offer for you.

Yes

No

Next Most Recent Employer

Company:

Job Held:

Full or Part Time Position

Length of service

Reason for Leaving:

Next Most Recent Employer

Company:

Job Held:

Full or Part Time Position Length of service

Reason for Leaving:

Do you have secondary employment? Yes No

If yes, please detail:

Have you been the subject of disciplinary action that led to your resignation or been dismissed by a previous employer? Yes No

If yes, please detail:

REFEREES (please provide at least two direct reports)

Give name, company and telephone numbers of at least 3 referees:

Name	Position	Company	Phone No/s
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If your application is successful, when could you commence employment:

I, consent to the company seeking verbal or written information on a confidential basis about me from representatives of my previous Employers and/or referees and authorise the information sought to be released by them to the Company for the position for which I am applying. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.

Signature: Date:

Do you consent to the company retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with this company in future? Yes No

If yes, signature: Date:

GENERAL

Do you agree to your wages being paid by direct credit? Yes No

Are you prepared to work overtime if required? Yes No

Have you been convicted of a criminal offence, not including those concealed under the Criminal Records (Clean Slate) Act? Yes No

Have you been the subject of a Diversion ordered by the Courts? Yes No

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes No

What transport arrangements do you have to attend your place of employment?

Do you have a spouse, partner, relative or household member working here or elsewhere in the industry? Yes No

If yes, who?

Where?

MEDICAL

Do you suffer from colour blindness? Yes No

If yes, please detail:

Have you had an injury or medical condition caused by gradual process, disease or infection, for example, hearing loss, sensitivity to chemicals, repetitive strain injuries, that may be aggravated or further contributed to by the tasks of this job, or affect your ability to effectively carry out the functions and responsibilities of the position applied for? Yes No

If yes, please detail:

Do you have any other known condition which might put our employees or customers at risk? Yes No

If yes, please detail:

DECLARATION

I _____ (full name) declare that to the best of my knowledge the information provided in this application and in any CV enclosed is correct and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, 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 can result in my loss of entitlement for any compensation.

Signed:

Date: