Initial Screening Document

We greatly appreciate your initial application and share your interest in seeing if this is an opportunity that works for you, and us. To that end, we ask that you fill out this additional document, to the best of your ability, and return it to us at your earliest convenience.

NOTE: Not returning this form signals you don't intend to proceed with your application.

Thank you in advance for your time and effort completing this.

Your Full Name:		
Are you legally entitled to work in New Zealand?	YES	NO
Do you have a current NZ Drivers Licence?	YES	NO
What class(es):		
Do you have any criminal convictions or pending court action?	YES	NO
Do you give us permission to carry out a Police Check?	YES	NO
Do you have any medical/health condition(s) that may be aggravated by or adversely impact your ability to meet the expectations of this position?	YES	NO
If yes, please provide brief details:		
Are you happy for us to speak to your current employer *(NOTE: contact only made in final selection phase - same below)*	YES	NO

Can you please provide details for **TWO** referees:

Name	
Organisation	
Role	
Relationship (with you)	
Daytime Phone	
Email	

Name	
Organisation	
Role	
Relationship (with you)	
Daytime Phone	
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What relevant qualifications do you have?

☐ Skipped - Detailed coverage provided in my CV

What relevant experience do you have?

☐ Skipped - Detailed coverage provided in my CV

What key challenges, opportunities and/or experiences are you looking for in your next role

THANK YOU AGAIN FOR YOUR TIME AND EFFORT!

Please return once fully completed.