

# THE ADMINISTRATOR APPLICATION FORM



**Please fill in all sections of this form**

This application must include two referees, with one being a previous employer.  
Your CV and any supporting documentation can be attached to this application.

## APPLICANT INFORMATION

Title: Miss Mr Mrs Ms

Full name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Applied For: **Te Puku O Te Ika Administrator** \_\_\_\_\_

Date Available from: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Are you a NZ Citizen? Yes / No

If not, do you have permanent residency or a valid work permit? Yes / No Visa Expiry: \_\_\_\_\_  
(evidence will need to be provided)

Languages fluent in: \_\_\_\_\_

Are you currently legally entitled to drive in NZ? Yes / No

Licence Type: Full / Restricted / Learners Drivers Licence #: \_\_\_\_\_

Are you available to work nights and weekends? Yes / No

Do you have any commitments at this time which may prevent you from employment in the future?

Yes / No

If yes, please provide brief details: \_\_\_\_\_

Have you ever been convicted of a criminal charge? Yes / No

If so, please provide details: \_\_\_\_\_

Have you any criminal charges pending? Yes / No

If so, please provide details: \_\_\_\_\_

Are you prepared to abide by safety, work rules & employer policies? Yes / No

**EDUCATION AND TRAINING**

What professional, occupational or trade qualifications do you hold?

Name of School/Uni/College	Date From:	Date to:	Course	Qualifications

Do you have a current 1<sup>st</sup> Aid Certificate? Yes / No

Have you had any experience with Xero Accounting Packages? Yes / No

If so, what programmes? \_\_\_\_\_

Please circle your experience with Microsoft Office Packages:

Microsoft Word:      Beginner    Intermediate    Advanced

Microsoft Excel:      Beginner    Intermediate    Advanced

Powerpoint:          Beginner    Intermediate    Advanced

Databases:            Beginner    Intermediate    Advanced

Outlook:              Beginner    Intermediate    Advanced

**REFERENCES / REFEREES**

Please list at least two referees, one being work related:

Full Name	Company	Position	Phone:

**PREVIOUS EMPLOYMENT**

Company \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Company \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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*I authorise TPOTI to seek verbal or written information from my previous / current employers and/or my referees for the purpose of reference checking and accuracy of information provided.*

Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL HISTORY**

Do you currently have or have you ever had a condition caused by gradual process, or an injury, illness or disability that could be expected to affect your ability to carry out the work of the position applied for or could reasonably be expected to be aggravated or contributed to by the work of the position applied for?  
Yes / No

If so, please provide details \_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

By signing this declaration you endorse that all information provided by you, including a separate CV, is true and correct in all respects, and you understand that if any false information is given or material suppressed you may not be accepted, or if employed, may be dismissed.

Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_