

Employment Form 1.1

Purpose: Application for Employment with Stadium 2000 You may wish to attach your own cover letter and/or CV to this application.

				Γ	DATE OF COMPLETION
POSITION					
PERSONAL IN	IFORMATION				
Full Name :					
Preferred Name:			Mobile:		
Date of Birth :			Address:		
Email :			Address:		
Gender:	Male	Female	City:		
	Gender Divers	е	Post Code:		
Drivers Licence	Yes	No			
Licence Class:					
REFEREES					
We require 3 Referee	es - referees cannot b	e related or a part	of extended family :		



EMPLOYMENT HISTORY * QUALIFICATIONS Stadium 2000 requires a list of your work history for the preceding 5 years: Dates of Employment Company/Employer & Role Please list any relevant qualifications:



POLICE VETTING

Pre-Employment Stadium 2000 will obtain a Police Vet of the applicant. The purpose of the Police	ce Vet is top contribute to public
safety, particularly the protection of vulnerable members of society.	

We encourage you to disclose and criminal history you think we should know about prior to the vetting process.	

IDENTIFICATION

Stadium 2000 will need to sight and copy 2 forms of identification.

The process period for Police Vetting is generally up to 20 working days.

1. Stadium 2000 must establish that the claimed identity of the applicant exists by checking an original primary identification document. One of the list below must be used:

Document/Record	Issuing Agency		
NZ Passport	Department of Internal Affairs		
Overseas Passport (may include NZ immigration visa or permit issued by the Ministry of Business, Innovation or Employment (Immigration NZ)	Overseas Authority		
NZ emergency travel document/NZ refugee travel document/NZ certificate of identity	Department of Internal Affairs		
NZ full birth certificate (issued on or after January 1 1998 carrying a unique identification number)	Department of Internal affairs		
NZ citizenship certificate	Department of Internal Affairs		
Valid working visa	New Zealand Immigration		



HEALTH AND SAFETY

The following information is required to assist Stadium 2000 me	et its obligations under I	NZ Health and S	afety legisla	ation,
Confirmation of successful applications may be subject to the re	_			
Do you have or have had any injuries or medical conditions (suc	h as hearing loss, sensiti	vity to chemical	s, back injur	ries etc) that
• the tasks of this job may aggravate, or contribute to; or		Yes		No
may limit or prevent you from carrying out the functions of the control of t	he position?	Yes		No
If Yes, please provide details -				
DECLARATION				
I acknowledge that providing false or misleading application, CV, or supporting documents may related to Stadium 2000 seeking information to from referees, police checks, and other sources. I understand that such information will be treate	esult in disqualifica to assess my suital , such as online or	ation or dism bility for the social media	nissal if a position, a.	ppointed. including
SIGNATURE:		DATE:		
OFFICE USE ONLY				