

MECCA CAFE - Staff Application Form

Please mail, along with your resumé, to:

MECCA Café Group Recruitment
PO Box 55 092
Mission Bay
Auckland
New Zealand

Date: _____

Name: _____

Address: _____

Nationality _____

Contact Phone: _____ **Mobile:** _____

Resume attached? _____

Transport Y/N **Hours available:** _____

What sort of work are you seeking? i.e. position, full or part time.

Qualifications

Please provide brief details of your school and tertiary qualifications.

Do you have any other qualifications, certificates, licences or attended any courses relevant to the type of work you are seeking?

Employment History:

Present or most recent Employer

Company name: _____

Position Held: _____

Main Duties and Responsibilities: _____

Hours worked per Week: _____

Next most recent Employer

Company name: _____

Address: _____

Contact Person and their Position: _____

Position Held: _____

Main Duties and Responsibilities: _____

Hours worked per Week: _____

Reason for Leaving: _____

For the purposes of compliance with the Privacy Act 1993, do you consent to the company contacting your present or past employers for the purposes of reference checking? **Yes / No** (circle)

General

Do you have a current drivers licence? (if yes what classes) (circle)
Yes No

Do you hold a valid work visa or work permit (Not applicable for New Zealanders or Australians residents) **Yes No**

Have you been convicted of a criminal offence? **Yes No**

We may seek a police clearance certificate from you. Do you consent to this being requested ? **Yes No**

Are you at present receiving medical treatment or medication **Yes No**

If Yes, please detail _____

Are you allergic to or have any sensitivity to any substances or chemicals? **Yes No**

Do you have any impairment, physical or mental, that would interfere with your ability to perform the job for which you have applied? **Yes No**

If yes, please detail _____

Are there any other comments you wish to make in regard to your application?

Declaration

I _____ (full name) declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information or material in fact is suppressed, I will not be accepted, or if I am employed my employment will be terminated. I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC

Signed: _____ **Date:** _____

Office Use Only:
Interviewers Comments:

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