

Empire Tavern Work Application Form

Empire Tavern, Cnr Nelson/Victoria Sts
Auckland. Tel: 3734 389 Fax 3099 053

Position Applied for: _____

Work Required : Full time Part Time

Full Name : _____

Address & Contact : _____

Have you had any criminal Convictions or any Proceedings pending?

Yes No

Are You legally entitled to work in NZ

Yes No

Names and Contact Numbers of 2 referees

Name #1 : _____

Name #2 : _____

Please list your Last 2 Employers _____

1st Name : _____

Reason for leaving: _____

Nature of Work: _____

2nd. Name : _____

Reason for leaving: _____

Nature of Work: _____

List any relevant Qualifications : _____

Health & Physical Details

Have you ever suffered any type of personal injury caused by work related gradual process, disease or infection? have you ever had any serious illness, operation , accident or condition, which would hamper your work in this industry?

Yes No

If 'Yes', please specify: _____

Applicants Declaration:

I certify that the above information is true and correct and authorise investigation of all information contained herein. I understand if I have given incorrect or misleading information or if I have left out any important information I may not be considered for appointment, or if appointed my employment may be terminated. I understand that if I accept employment I will be required to sign an employment agreement.

If appointed I agree to observe the rules, policies and procedures issued by the premises.

Applicant's Signature : _____

Date: _____