

**AUTHORITIES/PRIVACY STATEMENT
CONSENT FORM FOR PRE-EMPLOYMENT DRUG TESTING
APPLICATION FOR EMPLOYMENT**



AUTHORITIES / PRIVACY STATEMENT

IHEREBY AUTHORISE RECREATIONAL SERVICES, to obtain information about me, as set out below. This authority is given as part of my pre-employment processing by Recreational Services, and the information provided pursuant to this authority must only be used in the processing of my employment application and shall not be used for any other purpose nor shall it be disclosed to any other person other than Recreational Services.

1. I understand that if I am successful in obtaining employment with Recreational Services, I may be required to drive a company vehicle during the course of my employment. Accordingly, I agree and authorise Recreational Services to obtain from the relevant Government agency all information that the agency may hold on any licence status and/or traffic convictions and/or all other information that the organisation may hold that may be recorded in any of the names I have been known by (as above).
2. I understand that if I am successful in obtaining employment with Recreational Services I may be required to handle company money and/or product and that this position therefore involves me being placed in a position of trust. Accordingly, I agree and authorise Recreational Services to obtain from the relevant Government agency all information that the agency may hold on any convictions and all other information that the organisation may hold that may be recorded in any of the names I have been known by (as above). This authority will at all times comply with the Clean Slate Bill 2004.
3. I understand that if I am successful in obtaining employment with Recreational Services I may be required to handle company money and/or product and that this position therefore involves me being placed in a position of trust. Accordingly, I hereby authorise Recreational Services to obtain all information on me that may be held under the Police Diversion Scheme by the New Zealand Police Department and any member of the Police, acting for the purposes of their official duties, may supply that information to Recreational Services. This authority will at all times comply with the Clean Slate Bill 2004
4. I understand that if I am successful in obtaining employment with Recreational Services I may be required to handle company money and/or product and that this position therefore involves me being placed in a position of trust. Accordingly, I hereby authorise Recreational Services to carry out a full credit check on me as part of my pre-employment processing if required.
5. I understand and agree that information contained in this application form may be used for the purposes of considering my suitability for any other position which may arise with this company in the future.

I acknowledge that by completing this authority that this does not indicate, nor is there any obligation on Recreational Services to engage me in employment, nor to offer me employment. A photocopy of either a birth certificate/drivers licence/passport as proof of identity will be needed to be obtained for the above checks to be initiated.

Signature of applicant: _____

Date: _____

Applicants Name: _____



CONSENT FORM FOR PRE-EMPLOYMENT DRUG TESTING

I consent to undergo a urine drug test, to be undertaken by TDDA or an equivalent provider (as required by the AS/NZS 4308:2008) or medical professional and laboratory appointed by Recreational Services, which I acknowledge is for the purpose of determining whether I have a level(s) of a drug(s) higher than:

- the accepted international standard as defined by the Australian/ New Zealand Standard, or AS/NZS 4308:2008
- the level determined by the laboratory

I understand that a urine specimen will be collected and the drugs being tested for are cannabinoids, cocaine, methamphetamine, opiates, amphetamine type substances (including party pills containing benzylpiperazine) and benzodiazepines.

I undertake to advise the qualified collector of any medication that I am taking. I also agree to provide the collector with verification of my identity (either photo ID with signature or an alternative proof) and two unique identifiers (e.g. full name and date of birth).

I consent to the confidential communication of the drug test(s) results to Recreational Services.

Where the sample has been analysed and reported by a qualified laboratory, and I dispute the result of that analysis, I understand that I may request, (within 24 hours of receiving the result), that the "B" sample is tested. If the test of the "B" sample proves positive this will be accepted as a conclusive result and costs associated with this test will be borne by me. If the "B" sample test proves negative this will be accepted as a conclusive result and costs associated with this test will be reimbursed by Recreational Services.

Any collection, storage or exchange of information concerning the drug test will be in accordance with the requirements of the Privacy Act and results will only be used for the purposes for which they were obtained.

I understand that this process forms part of the recruitment process established by Recreational Services. A refusal to sign this form, or undergo a drug test, or return a positive result from the drug test means that my application for employment with Recreational Services will not be able to progress.

Signature of applicant: _____

Date: _____

Applicants Name: _____



APPLICATION FOR EMPLOYMENT

Note: The completion of this form does not indicate that there is any obligation on the company to engage the applicant.

Purpose: This information is collected for the purpose of assessing your suitability for employment at Recreational Services which may include subsequent changes in employment with the Company.

If successful, this Application for Employment will form part of your conditions of employment and will be kept on your personal file. It must therefore be completed and signed personally by the Applicant.

	CONFIDENTIAL	DATE OF APPLICATION:		
1	POSITION APPLIED FOR:			
	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Temporary	Casual <input type="checkbox"/>
2	YOUR NAME			
	Surname:		Christian Names:	
	How can we contact you (please specify contact numbers and postal address):			
	Phone:			
	Address:			
	Email:			
3	EDUCATION			
	Name of secondary school attended:			
	Highest qualification obtained:			
	Institute Attended	Date From	Date To	Qualifications / Subjects
	Please provide details of any certification that may be relevant to the position applied for, e.g. first aid or growsafe.			



4	LEGAL WORK STATUS		
Have you reached the current school leaving age (16 years)?		YES	NO
Are you legally entitled to work in New Zealand? As a:		YES	NO
NZ Residency/Citizenship		A work permit with conditions permitting this employment (copy will be required)	
Australian Residency/Citizenship		A visitor or student permit with conditions permitting this employment (copy will be required)	
Other entitlement		Please specify :	
5	DRIVERS LICENCE		
<p>Employees of Recreational Services are required to hold a valid drivers license in order to fulfil the full range of duties required in their role. As part of the recruitment process therefore please tick the box that applies to you and provide a copy of your licence.</p>			
You hold a full N Z Drivers license		You hold a restricted NZ drivers license	
You hold a NZ learners license		You hold a valid International Drivers license	
Are you confident driving a manual vehicle?		YES / NO	
Do you have experience using a trailer?		YES / NO	
Do you hold any other class of licences or endorsements?		YES / NO	
Please specify: _____			

Do you have any legal proceedings against you pending in terms of your drivers licencing?			
If yes please specify: _____			



6	CV INFORMATION	
Present or most recent Employer:		
Company:		
Job Held:		
Main Duties:		
Number of hours worked per week:		
Length of Service:		
Reason for Leaving:		
Next most recent Employer:		
Company:		
Job Held:		
Main Duties:		
Number of hours worked per week:		
Length of Service:		
Reason for Leaving:		
Next most recent Employer:		
Company:		
Job Held:		
Main Duties:		
Number of hours worked per week:		
Length of Service:		
Reason for Leaving:		
7	Privacy	
For the purpose of compliance with the Privacy Act 1993, do you consent to the Company contacting any and all previous employers for the purpose of obtaining references to support this Application and, release the Company and referees from any liability caused by giving and receiving such information as may be relevant		YES / NO



Referees - Please put down details of people you reported to (direct manager)	
Name	Name
Relationship:	Relationship:
Business Name:	Business Name:
Telephone no:	Telephone no:
If your application is successful when could you commence employment:	
7	GENERAL INFORMATION
Have you ever worked for Recreational Services before? If yes, where and when:	YES / NO
Do you have any secondary employment that would impact the role you are applying for? If yes, please detail:	YES / NO
If offered this position will you continue to work in any other capacity that would impact on this role? If yes, please detail:	YES / NO
If required for the role are you prepared to work shifts?	YES / NO
Have you ever had experience at working shifts before?	YES / NO
If required for the role are you able to work overtime?	YES / NO
Do you have any commitments you think may be important to share with us, which may have an impact on your work attendance or performance, e.g., family commitments, community or committee activities, sports, etc? If yes, please detail:	YES / NO
Have you ever been convicted of a criminal offence? (If yes, give details on a separate sheet). This question is only to be answered in accordance with the Clean Slate Bill 2004.	YES / NO
Are you awaiting the hearing of charges in a civil or criminal court of law? (If yes, please give details on a separate sheet).	YES / NO
Are you prepared to handle all products, materials, or equipment used in the industry?	YES / NO



Have you had time off work for any injury, sickness or accident for more than 1 week in the past?	YES / NO
If yes, for how long and why?	
Do you suffer from any hearing loss that may impact your ability to carry out the tasks in the position you are applying for?	YES / NO
Do you have any allergies (e.g. wasps, bees, dust, agri-chemicals) or respiratory issues (e.g. asthma) we should be aware of? If yes please detail:	YES / NO
Is there anything else that we should know that would affect your ability to do the job you are applying for? If yes, please detail:	YES / NO
What transport arrangements do you have to attend this place of employment?.....	

8 UNIFORM MEASUREMENTS Please circle the correct measurements or preference . Please choose Cargo **OR** rugby shorts. Support office and Admin staff excluded .

Polo Shirt	Small	Medium	Large	XL	2XL	3XL					
Chest cm	92	97	102	107	112	117	122	127	132	137	142
Cargo Shorts cm	77	82	87	92	97	102	107	112	117	122	
Rugby Shorts	Small	Medium	Large	XL	2XL	3XL					
Womens Cargos (Shorts and Pants)	6	8	10	12	14	16	18				
The women's cargo options are a fitted cut. The unisex style is often more preferred.											
Boot Size	6	7	8	9	10	11	12				

9 IF YOU ARE UNSUCCESSFUL ON THIS OCCASION

Do you consent to the Company retaining the information contained in this Application Form for the purposes of considering your suitability for any other position, which may arise with this Company in the future?	YES	NO
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10	DECLARATION
<p>I, _____ (full name) declare that to the best of my knowledge the answers and information in this application form, in the disclosure authority forms and in any resume given are correct, true and accurate. I understand that if it is found that any false or deliberately misleading information has been given or any material fact has been suppressed, I will not be accepted, or if I have already been employed, I understand that my employment may be terminated.</p>	
Signed:	
Date:	