

Application For Employment

SECTION A TO BE COMPLETED BY THE APPLICANT (3 Pages)

Please note that you do not have to answer any particular question if you do not wish to do so.

Date Of Application : _____ Store Location : _____

1. PERSONAL DETAILS

Full Name : _____ Male / Female

Address : _____

Contact Telephone #'s (Home) : _____ (Work or Mob) : _____

Date Of Birth : _____ Have you ever worked at LJS before? Yes No

2. AVAILABILITY

Tick the boxes for the times during the day that you are available to work on each day:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
mornings							
afternoons							
evenings							

Approximately how many hours a week do you wish to work? _____

When are you able to commence work? _____

Are you available to work late night shifts? Yes No

Are you available to work on public holidays? Yes No

Do you attend School, University or other classes? Yes No

If you attend School, have you consulted your parents before applying for this position? N/A Yes No

Do you play sport or belong to any Clubs? Yes No

If YES, when do you meet or practice? Do you have any other prior commitments such as these that might prevent you from working on any given day or night? _____

3. WORK EXPERIENCE

What was your last job? _____

Do you currently still work there? Yes No

What are/were your main duties in that job, and how long have you been there?

Why did you or why do you want to leave this job? _____

What other jobs have you had and what were your main duties?

Do you have any experience in cash handling? Yes No

Do you have a Food Hygiene or other food handling certificate? Yes No

4. **MOTIVATION AND ATTITUDE**

Have you ever heard it said that the customer is always right? What do you think of this statement? _____

Why do you want this position? _____

What are your career goals? _____

5. **GENERAL**

Are you a New Zealand citizen? Yes No

If not, do you have a current work permit or permanent residency? _____

What type of transport would you use to get to and from work, including any late night shifts? _____

Have you ever been arrested or prosecuted by the Police? Yes No

Are you currently on any type of Benefit? Yes No

Are you registered on any Dept of Labour job assistance program? Yes No

Are you currently or have you ever been a member of any Union? Yes No

Do you smoke? Yes No

If YES, how often would you smoke each day? _____

Do you have any children? If so, how many and what ages? _____

Do you have any current or past injuries which may re-occur with this type of work, or may affect your work performance, such as back, neck, or muscle strains, etc.? Yes No

Do you have any disabilities which may affect your work performance such as language problems, asthma, hearing problems, colour blindness, reading or writing, mobility, skin irritations, etc.? Yes No

Are you on any temporary or permanent medication for any type of illness which may affect your work performance? Yes No

If YES to any of the above 3 questions, please give details: _____

Do you agree to wearing a uniform, and are you prepared to buy and wear shoes and jeans which meet the LJS uniform requirements? Yes No

Do you agree to buy the shirts and caps that are used as uniforms for between \$50 and \$90, which can be deducted from your first weeks wages, and then become your property to wear as the uniform at the store? Yes No

Circle your usual shirt size requirement: S M L XL

Are you prepared to attend a voluntary introduction day (trial day)? Yes No

Do you agree for us to make pre-employment screening and credit checks with a separate professional employment screening company by completing a special form at the trial day authorising us to do so? Yes No

Do you agree for us to make reference checks? Yes No

If YES, please list at least 2 reference checking contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

6. DECLARATION

I, _____, declare that to the best of my knowledge the answers in this application are correct and I understand that if any false information is given or any material fact omitted, I may not be accepted, or if I am employed I may be instantly dismissed. I understand that if I am employed that this job application will form part of my Employment Agreement. I hereby authorise any person or company to provide you with such information as you may require in response to your employment enquires, provided that I agree to you making reference checks as indicated above.

Signature of Applicant: _____

Date: _____

Signature of Interviewer: _____

SECTION B INTRODUCTION DAY
Manager)

ASSESSMENT (to be filled in by Store

Fax To : LJS Support Office (09) 441-4331, please send out an employment agreement pack for:

Applicants Name: _____ Store: _____

Date of Introduction Day Trial: _____ Hourly Wage Rate: _____

Position Applied for (P/T or F/T): _____ Age: _____ Supervisor (Y/N): _____

Previous Employment History (Y/N): _____

Signed by Store Manager: _____ Approved by: _____
(name of Support Manager)

1. PERSONAL ATTRIBUTES

- Punctual Yes Partly No
- Clean, neat and well-groomed Yes Partly No
- Good command of the English language Yes Partly No
- Bright and pleasant personality Yes Partly No
- Smiles, and is able to maintain eye contact Yes Partly No
- Converses easily Yes Partly No
- Is focused and listens carefully Yes Partly No
- Overall health is suitable for the work involved Yes No

2. WORK EXPERIENCE

- Previous experience in dealing with customers Yes No
- Previous experience in handling cash and register Yes No
- Previous experience in handling food/kitchen duties Yes No
- Certificate in Food Hygiene Yes No

3. COMMENTS AND NOTES

4. OVERALL SUITABILITY

- Perfect Very Suitable Suitable Possible Unsuitable