Application form

Position details			
Position applied for			
Application closing date			
_			
Personal details			
Full name			
Postal address			
Telephone		Citizenship	
_			
Qualifications			
Details	(You may wish to attach a curriculum vitae to supplement the information you provide in this section.)		
_	•		
Education detail	S		
Institute		Qualifications	
Institute		Qualifications	
Languages		Please indicate leve 1 = Basic to 5 = Fl	
_		-	
Employment det	ails		
Employer		Period	
Position / type of work			
Employer		Period	
Position / type of work			
Employer		Period	
Position / type			1

\sim							
· -	\sim	n	м	ın		е	◠
	u		ш	ш	ıu		u

Employment details (continued)				
Employer	Period			
Position / type of work				
Employer	Period			
Position / type of work				
_				

Referees

Please identify 3 referees who we may contact. At least one, or preferably two, should be a previous employer. Please provide a contact address and telephone number for each referee.

previous employer. Flease provide a contact address and telephone number for each referee.				
Referee name		Designation		
Contact address		Telephone No.		
Referee name		Designation		
Contact address		Telephone No.		
Referee name		Designation		
Contact address		Telephone No.		

Other information	
Do you have any medical condition or injury that may affect your ability to effectively carry out the tasks and functions of the position applied for?	
Have you ever been convicted of a criminal offence? (Exclude minor traffic offences.) If so, please provide details.	
Prior to taking up an appointment with the High Commission you may be required to undergo a security vetting process, which involves police and credit checks. Do you have any reservations about these requirements?	

Interview arrangements

Applicants wishing to have supporters present at interviews or who have any particular needs in the interview setting, perhaps because of a disability, are asked to advise the High Commission prior to the interview so arrangements can be made.

Declaration

I certify that the information provided is true and correct. I understand that if I have given incorrect or misleading information or if I have omitted any important information I may be disqualified from appointment, or if appointed be liable to be dismissed.

Signature of	Date
applicant	Date

Privacy statement

The information you have provided will be treated in confidence. Personal information is required only for the purpose of assessing your application.

Please complete all sections of this form and return it to:

New Zealand High Commission Nuku'alofa