



COVER STAFF INTERNATIONAL Temporary Application Form - OFFICE

		TEMP ID NO:	
Surname:	First Names:	Mr/Mrs/ Miss/Ms	Date of Birth: Age:
Address:		Home Ph:	Preferred hours: Day <input type="checkbox"/>
Suburb:	City:	Mobile No:	Transport Car / Motorbike / Public Other
In case of emergency (names & phone number)		Email:	Any previous or pending criminal convictions: YES <input type="checkbox"/> NO <input type="checkbox"/> Specify: Legally Entitled to work in NZ: YES <input type="checkbox"/> NO <input type="checkbox"/>
Current Drivers Licence: YES <input type="checkbox"/> NO <input type="checkbox"/>		Licence Number:	Expiry Date:
Date available from:	Length available:	Are you looking for a permanent position? YES / NO	
Have you any injuries or illnesses that might affect your work? (e.g. diabetes, asthma, back injury) please provide details			
<p>Under Subsection 6 of Section 7 of the Accident Rehabilitation Insurance Act 1992, you are obliged to provide Coverstaff with the specific information on any accident or accidents in which you may have been involved in the past. Should you fail to disclose any relevant information, or say you are not:</p> <ul style="list-style-type: none"> - Suffering or have suffered from any personal injury; or - Suffering or have suffered from a specific condition likely to materially contribute to that injury caused by gradual process, disease or infection arising out of and in the course of employment; will mean that entitlement to any treatment is lost. <p>I acknowledge that I have read & been informed of the foregoing and understand the consequences of non-disclosure of any previous Accident Compensation history.</p> <p>Signed:..... Date:.....</p>			
Please tick the skills below in which you have had Work Experience			
Positions <input type="checkbox"/> Administration Officer <input type="checkbox"/> Typing 30 – 50 WPM <input type="checkbox"/> Filing <input type="checkbox"/> Typing 51 – 80 WPM <input type="checkbox"/> Receptionist <input type="checkbox"/> Typing 81 + WPM <input type="checkbox"/> Call Centre <input type="checkbox"/> Dicta Typing <input type="checkbox"/> Customer Service <input type="checkbox"/> Stenographer <input type="checkbox"/> Tele Sales <input type="checkbox"/> Data Entry Operator <input type="checkbox"/> Word Processor <input type="checkbox"/> Data Entry 2000 – 5000 kspH <input type="checkbox"/> Typist <input type="checkbox"/> Data Entry 5001 – 10,000 kspH		Computer Skills <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Outlook <input type="checkbox"/> Powerpoint <input type="checkbox"/> Access	
Accounts <input type="checkbox"/> Debtors <input type="checkbox"/> Credit Control <input type="checkbox"/> Year End Accounts <input type="checkbox"/> Creditors <input type="checkbox"/> Balance Sheets <input type="checkbox"/> Trial Balance <input type="checkbox"/> Accounts Payable <input type="checkbox"/> General Ledger <input type="checkbox"/> Inventory Control <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Reconciliations <input type="checkbox"/> MYOB <input type="checkbox"/> Purchasing <input type="checkbox"/> Sage		Industry Types <input type="checkbox"/> Agriculture <input type="checkbox"/> Communications <input type="checkbox"/> Manufacturing <input type="checkbox"/> Automotive <input type="checkbox"/> Construction <input type="checkbox"/> Mining <input type="checkbox"/> Banking & Finance <input type="checkbox"/> Education <input type="checkbox"/> Real Estate <input type="checkbox"/> Cleaners <input type="checkbox"/> Food & Beverages <input type="checkbox"/> Retail Trade <input type="checkbox"/> Computers - Hardware <input type="checkbox"/> Forestry & Fishing <input type="checkbox"/> Services <input type="checkbox"/> Computers - Software <input type="checkbox"/> Government <input type="checkbox"/> Transportation <input type="checkbox"/> Charities <input type="checkbox"/> Hospitality <input type="checkbox"/> Utilities <input type="checkbox"/> Insurance <input type="checkbox"/> Wholesale Trade	
		Payroll <input type="checkbox"/> ACE Payroll <input type="checkbox"/> IMS <input type="checkbox"/> Payroll size 10 <input type="checkbox"/> Attache <input type="checkbox"/> Kalamazoo <input type="checkbox"/> Payroll size 50 <input type="checkbox"/> Caspay <input type="checkbox"/> MYOB <input type="checkbox"/> Payroll size 100 <input type="checkbox"/> Payroll Plus <input type="checkbox"/> Payroll size 150+	
Consultant Comments			
Presentation & Poise Communication Skills Attitude Strengths Weaknesses General Suitability			

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PTO

Education / Qualifications Secondary School	Name:	Qualifications:	From:	To:
University / Polytech or Other				
Work History (please list most recent and work back)				
Company Name:	Name of Referee:	Position of Referee:		
Telephone:	Fax:	Email:		
Your position / title:	Dates of employment:	Reason for leaving:		
Description of Duties:				
Company Name:	Name of Referee:	Position of Referee:		
Telephone:	Fax:	Email:		
Your position / title:	Dates of employment:	Reason for leaving:		
Description of Duties:				
Company Name:	Name of Referee:	Position of Referee:		
Telephone:	Fax:	Email:		
Your position / title:	Dates of employment:	Reason for leaving:		
Description of Duties:				
I hereby authorise Coverstaff and present or past employers to give any information regarding my work, character or skills. I hereby declare that the information I have given is true and correct. I have read and accept all terms and conditions of the Coverstaff Temporary Employment Agreement.				
Signature of Applicant:.....		Date:.....		
Signature of Consultant:.....		Date:.....		
Should you choose to seek independent legal advice please fill in and sign below.				
IAcknowledge that I have been offered or may be offered a temporary employment assignment with Coverstaff and that I have been given a copy of the proposed Employment Agreement to enable me to seek independent advice before deciding whether to sign the agreement. If I accept prior to my signing to the Employment Agreement then I do so on the same terms and conditions as if the Employment Agreement has been signed. I understand this is necessary if I wish to accept assignments that are immediately available without affecting my ability to seek advice as per the Employment Relations Act 2000.				
Signed:		Date:.....		
Signed:		Date:.....		
<i>On behalf of Coverstaff</i>				

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