

LEECH & PARTNERS LTD EMPLOYMENT APPLICATION FORM

[TO BE ACCOMPANIED BY FULL C.V. AND COVERING LETTER]

Office	
Ashburton	<input type="checkbox"/>
Christchurch	<input type="checkbox"/>
Position Applied For	
Experienced Accountants	<input type="checkbox"/>
Graduates/Accounting Clerks	<input type="checkbox"/>
Administration/Payroll/Other	<input type="checkbox"/>
Personal Details	
Surname	
First Name(s)	
Email Address	
Home Address	
Home Phone Number	
Cellphone Number	
Date of Birth	
Are you a New Zealand Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a permanent resident of New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education	
Tertiary Institution(s) attended. Add dates & qualifications.	
Are you studying currently?	

Health	
Do you have any impairment, physical or mental, than could affect your ability to do your work?	
Have you any prior injuries or accidents that would interfere with your ability to perform the job for which you have applied?	
General Information	
What are your recreational activities and hobbies?	
Do you have any criminal convictions and/or prosecutions pending? Have you ever had a disciplinary action by a professional body?	
Experience (relevant to position applied for).	
Any other information or accomplishments you feel are relevant to this application:	

APPLICATION TO TAKE RESPONSIBILITY

Agreement

I agree and accept that by undertaking certain tasks appointed by the Company that it does not constitute a job offer or the commencement of employment and I hereby accept that this is part of the job interview.

Declaration

I declare:

1. That my answers in this application are true and not misleading; and
2. That there is no further information that may be relevant that I have not told you about.

I Acknowledge

1. That if you employ me you are relying on the truth and completeness of my answers and therefore;
2. That if in the Company's opinion I have not answered truthfully and completely, you may terminate my employment immediately and without notice.

I Understand

That false or incomplete answers relating to my medical history could mean that I may compromise my access and receipt of ACC compensation.

Signed by Applicant

Date