



# APPLICATION FORM

Freephone: 0508 727744

www.sapphireconsultants.co.nz

Please complete this form to express your interest in the Sapphire Consultants Ltd recruitment program for the Security Industry. We are looking for suitable candidates to refer to a variety of roles across the security sector. Please answer all of these questions accurately and honestly.

## PERSONAL INFORMATION

Full Name (Please include middle names): \_\_\_\_\_

Street Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Are you legally entitled to work in NZ? (Please circle) Y/N

Do you have a current Drivers Licence, Passport, 18+ Card, Kiwi Access Card or Firearms Licence? (Please circle) Y/N

If you hold a current Drivers Licence, what level do you hold? (Please circle) Learners Restricted Full Class 2 Class 4

## SUITABILITY QUESTIONS (Please circle Y or N)

- |   |     |
|---|-----|
| 1. Have you ever been convicted of a criminal offence in NZ or overseas?                | Y/N |
| 2. Have you ever been detained in a medical facility for mental illness?                | Y/N |
| 3. Have you ever had an application declined for a Certificate of Approval in the past? | Y/N |
| 4. Have you ever had a Certificate of Approval suspended or cancelled in the past?      | Y/N |
| 5. Do you suffer from any disability or serious illness?                                | Y/N |
| 6. Can you pass a pre-employment drug and alcohol test?                                 | Y/N |
| 7. Do you have access to your own reliable transport?                                   | Y/N |

(Please note that if you have declared Yes to any of these questions, this may affect your ability to obtain a Certificate of Approval, or your suitability to the security industry. We will discuss this with you)

## WORK AND INCOME DETAILS

Are you currently registered as a jobseeker with Work and Income? (Please circle) Y/N

Which Work and Income Service Centre do you deal with? \_\_\_\_\_

Work and Income Client Number (if known): \_\_\_\_\_

## DECLARATION AND SIGN OFF

I declare that the information that I have provided above is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please email your completed Application Form along with a copy of your current CV to: [sapphirecourses@gmail.com](mailto:sapphirecourses@gmail.com)

We will be in contact with you soon to discuss your application. Thank you for your interest!

