Turn your obsession into a career!

Excellent training.

Get qualified on the job.



• BOATING • FISHING • OUTDOORS

Family Owned & Operated Since 1979

APPLICATION FORM

PERSONA	L DETAILS				
First name(s):	Surname:	rname:			
Mobile phone:	Home phone:				
Email:					
Postal address:					
Position applied for:					
PLEASE CONFIRM YOUR ELIGIBILITY TO WORK IN NEW ZEALAND:					
Are you a New Zealand or Australian citizen?	Yes	No			
If not, do you currently have the right to work in NZ	? Yes	No			
Please state expiry date of work visa:	DD/MM/YY				
	(must attach	(must attach copy of work visa to verify)			
Do you have a current valid driver licence?	Yes	No			
Licence type:	Learner	Restricted	Full		
Class of driver licence:	Expiry date:	DD/MM/YY			
	(must attach	(must attach copy of driver licence to verify)			
Have you attached a copy of your cover letter and C	CV? Yes	No			
REFEREE CON	TACT DETAIL	S			
PLEASE PROVIDE CONTACT DETAILS FOR THREE FOR VERBAL REFERENCES.			CAN CONTACT		
Referee Name:	Company:				
Contact Number:	Relationship:				
Your position when you reported to this person:					
Referee Name:	Company:				
Contact Number:	Relationship:				
Your position when you reported to this person:					
Referee Name:	Company:			_	
Contact Number:	Relationship:			_	

Your position when you reported to this person:

CRIMINAL HISTORY CHECK

PLEASE COMPLETE THE ATTACHED REQUEST FOR CRIMINAL CONVICTIONS FORM.

Do you currently have any criminal charges pending against you or	Yes	No
have you ever been convicted for any violations or offences (that		
are not concealed by the Clean Slate Act)?		
If "yes" please list the conviction(s) or charge(s) and approximate da	ate received	l:
		444600
Conviction / Charge:	Date (DD	/MM/YY):
Conviction / Charge:	Date (DD	/MM/YY):
Conviction / Charge:	Date (DD	/MM/YY):

MEDICAL HISTORY BACKGROUND

Do you consent to a pre-employment medical?	Yes	No
Do you have any medical conditions (inclusive of diagnosable mental illnesses) or injuries that may affect your ability to perform the job adequately and/or safely?	Yes	No
If "Yes" please list them:		

AVAILABILITY TO WORK

PLEASE INDICATE THE DAYS AND TIMES THAT YOU WILL BE ABLE TO WORK:

Day	Available (Yes/N	lo)	Time:
Monday	Yes	No	
Tuesday	Yes	No	
Wednesday	Yes	No	
Thursday	Yes	No	
Friday	Yes	No	
Saturday	Yes	No	
Sunday	Yes	No	

Flexibility in availability is key to the business and the needs of our customers to ensure we can open for 7 days of trade. If successful in obtaining this role, do you have any commitments that may prevent you from working during our business hours, being weekdays and weekends, that may affect your availability for a 7 day roster or for overtime? If "Yes" please detail them:

WORK HISTORY

PLEASE PROVIDE PREVIOUS WORK DETAILS BY FILLING IN THE TABLE BELOW OR INCLUDE DETAILS IN YOUR CV.

Company: Position: Responsibilities: Start Date: End Date: Company: Position: Responsibilities: Start Date: End Date: Company: Position: Responsibilities: End Date: Company: Position: Responsibilities: End Date: Company: Position: Responsibilities: End Date: Company: Position: Responsibilities: End Date: Company: Position: Responsibilities: End Date: Position: Responsibilities: Position:	Start Date:	End Date:
Start Date: End Date: Company: Position: Responsibilities: End Date: Start Date: End Date: Company: Position:	Company:	Position:
Company: Position: Responsibilities:	Responsibilities:	
Company: Position: Responsibilities:		
Responsibilities: Start Date: End Date: Company: Position:	Start Date:	End Date:
Start Date: End Date: Company: Position:	Company:	Position:
Company: Position:	Responsibilities:	
Company: Position:		
	Start Date:	End Date:
Responsibilities:	Company:	Position:
	Responsibilities:	
Start Date: End Date:	Start Date:	End Date:
Company: Position:	Company:	Position:
Responsibilities:	Responsibilities:	

QUALIFICATIONS, LICENSES & TRAINING

PLEASE LIST ANY RELEVANT QUALIFICATIONS, CURRENT LICENSES AND TRAINING E.G. EDUCATION, APPLICABLE CERTIFICATES, FORKLIFT LICENCE OR INCLUDE THESE DETAILS IN YOUR CV.

Name of Qualification, License or Training	Expiry Date (if relevant)
If your application is successful, when could you commence employment? Date (DD/MM/YY):	
The team at Smart Marine love boating and fishing. Please detail your past an with boating and fishing. Provide details on your experience with various fish detail how you are or have been involved with the operation and maintenance include other relative activities you are involved in. If you are applying for a least some about your interest in this area. If your boating and fishing experience with us your experience and interest in sales and customer service.	ing methods. Please also e of boats. Feel free to eadership role, please tell
I ACKNOWLEDGE AND DECLARE THAT I	
 have provided true and correct representations on this Application Form and not mis have not failed to disclose any matter that may have materially influenced Smart Mari have disclosed all criminal convictions or charges not covered by the Clean Slate convictions or charges to be relevant to this application or not; for the purposes of the Privacy Act, consent to Smart Marine contacting any of my pareference checking; have not failed to disclose any medical conditions or injuries that may affect my ability and/or safely; and 	ne decision to employ me; Act, whether I consider such ast employers and referees for
 understand that if I am successful in securing a position with Smart Marine and Small have mislead them in any way; including but not limited to a failure to disclose or (whether I consider them relevant or not) that a breach of trust and confidence has or take disciplinary action up to and including summary dismissal (termination of my em 	riminal convictions or charges ocurred and Smart Marine may
SIGNATURE:	
PRINT NAME:	
DATE:	