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SMART CREW APPLICATION FORM

Thank you for your application to join the Smart Marine Crew. The following information is collected for the purpose of assessing your suitability for employment at Smart Marine. The completion of this form does not indicate that there is any obligation on Smart Marine to employ you.

To be a successful applicant and become a Smart Marine Crew Member...you will:

Take immense satisfaction from being able to contribute and be a part of a successful team.
Be conscientious, reliable and enjoy the enthusiasm created by a fun and motivating team environment.
Love talking to people and demonstrate this positively and most importantly LOVE the water!

PERSONAL DETAILS

POSITION APPLIED FOR: Full Time ☐ Part Time ☐ Fixed Term ☐ Casual ☐

PREFERRED STORE LOCATION:

MR/MRS/MISS/MS SURNAME:

GIVEN NAME(S):

Are you known by any other name? Yes ☐ No ☐ If so, please state name:

BIRTHDAY: DATE: MONTH:

ADDRESS:

Length of time at this address:

*For our records, please advise of any change of address

CONTACT INFORMATION: Mobile: Home:

Email:

May we contact you at work? Yes ☐ No ☐

CITIZENSHIP/VISA: Do you have the legal right to live in New Zealand? Yes ☐ No ☐

Visa Type (Please check appropriate box): Work Visa/Permit ☐ New Zealand Citizen ☐

Working Holiday ☐ Permanent Resident ☐ Student ☐

Expiry Date: ____/____/____

Please declare any restrictions listed on your work visa e.g. maximum number of hours allowed to work per week, location allowed to work and/or specified employer:

EDUCATION & QUALIFICATIONS

HIGHEST SCHOOL QUALIFICATION:

POST GRADUATE QUALIFICATION:

Qualification: Name of Institute: Year:

Qualification: Name of Institute: Year:

EDUCATION & QUALIFICATIONS

Only complete this section if you have not provided this information in your CV.
Please list your most recent employer first.

1.EMPLOYER:	SUPERVISOR:
Position:	Contact Telephone No:
Duties:	Email:
Dates Employed: / / / to / / /	Reason for leaving:
2.EMPLOYER:	SUPERVISOR:
Position:	Contact Telephone No:
Duties:	Email:
Dates Employed: / / / to / / /	Reason for leaving:
3.EMPLOYER:	SUPERVISOR:
Position:	Contact Telephone No:
Duties:	Email:
Dates Employed: / / / to / / /	Reason for leaving:

AVAILABILITY TO WORK

Please indicate the days and times that you will be able to work:

DAY:	AVAILABLE YES/NO			
Monday	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Friday	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tuesday	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Saturday	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wednesday	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sunday	Yes <input type="checkbox"/> No <input type="checkbox"/>
Thursday	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Smart Marine encourages activities outside your work hours. If successful in obtaining this role, do you have any commitments that may prevent you from working during ordinary business hours or affect your availability for overtime? Yes ☐ No ☐ If Yes please explain:

If your application is successful, when could you join the Smart Crew and start employment?

IMPORTANT: PLEASE READ THIS SECTION CAREFULLY

Have you ever been convicted of, or are you awaiting the hearing of any criminal or civil charges/offences (including traffic and driving offences)? Yes ☐ No ☐

If Yes please explain:

When the Clean Slate Scheme applies, Criminal Records (Clean Slate) Act 2004:

You are said to have no criminal record/criminal conviction history if all of the following are true. If you have:

- had no convictions within the last 7 years
- never been sentenced to a custodial sentence (such as prison, corrective training or borstal)
- never been convicted of a sexual offence ('specified offence')
- fully paid any fine, compensation, reparation or costs ordered by the court in a criminal case
- never been banned from driving until further notice (indefinite disqualification)
- never been held in hospital by the court in a criminal case instead of being sentenced, due to your mental condition.

Signature:

Date:

GENERAL INFORMATION

Have you ever worked for Smart Marine before? Yes ☐ No ☐

If yes, please detail:

Are you related, or a friend of, any present or past Smart Marine employees? Yes ☐ No ☐

If yes, please detail:

Have you had any recent or past injury or current medical condition which this job may aggravate or contribute to? E.g. back strain, Occupational Overuse Syndrome (OOS), hearing loss etc:

Yes ☐ No ☐ If yes please detail:

Are you involved in any business activities outside your normal work (including secondary employment)? Yes ☐ No ☐ If yes please detail:

Have you ever been dismissed from a position due to dishonesty or fraud? Yes ☐ No ☐

If yes, please detail:

DRIVERS LICENSE DETAILS

Do you have a current NZ Drivers License? Yes ☐ No ☐

Do you have a Forklift or Walker Stacker License? Yes ☐ No ☐ If so, date of expiry:

Are there any restrictions on your NZ Drivers License? Yes ☐ No ☐

If yes, please detail:

Name on your Drivers License:

License Number:

Class:Category: Full ☐ Restricted ☐ Learners ☐

REFEREES

Please list names and telephone numbers of at least 3 people who can be contacted as work related referees. It is important these people can verify your position, abilities and performance in previous positions. By completing this application form you consent to Smart Marine contacting the named referees. Please note, the referees may only be contacted in the final interview stages.

1. Contact Name:

Company and Position:

Phone Number & Email:

Relationship To You:

2. Contact Name:

Company and Position:

Phone Number & Email:

Relationship To You:

3. Contact Name:

Company and Position:

Phone Number & Email:

Relationship To You:

EMERGENCY CONTACT DETAILS

Please provide the following emergency contact information:

Contact First and Last Name:

Mobile number:

Relationship To You:

DECLARATION

1. I declare that to the best of my knowledge, the answers to the questions in this application form are correct, and I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed.
2. I consent to Smart Marine seeking verbal or written information on a confidential basis about me from representatives of my previous employers as listed referees. I authorise the information sought to be released by them to Smart Marine for the purpose of ascertaining my suitability for the position for which I am applying. I understand that the information received by Smart Marine is supplied in confidence as evaluative material and will not be disclosed to me.
3. I have read and fully understand this declaration.

Signature:

Date:
