

# Application for Employment

Please complete all sections of this form, sign and date it.  
Attach your letter of application, CV and any other supporting documentation.

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## Application Details:

Position applied for

Office  Lower Hutt  Wellington

Date available to start

Have you previously worked for us?  Yes  No

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## Personal Details:

Full Name

Preferred Name

Are you known by any other name?

Telephone Day  mobile  other

Email Address

Postal Address

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## Entitlement to Work in New Zealand:

Are you a New Zealander  YES  NO

If no, what is your residency status?

If no, are you legally entitled to work in NZ?  YES  NO

If you require a Work Visa please state Work Visa Number

Expiry Date

**Education (please ignore if already listed on CV)**

Highest Qualification

Name of Institute

Other training / certificates / qualifications

If not already supplied, please attach an Official Transcript (or certified copy) of your academic qualifications, including grade awarded.

**How did you hear about us?**

Recruitment Agency / media etc

Please state name of agency/publication/other

**Criminal convictions**

Have you ever been convicted of any criminal offence, or do you have any criminal charges pending? (Minor traffic offences such as parking or speeding fines excluded).

YES  NO

If so, please list each conviction, and the sentence imposed, or the charges pending.

**Health**

Do you have, or have you ever had, any known injury or medical condition which may affect your ability to effectively carry out the full range of functions and responsibilities of the position applied for, or may be contributed to or aggravated by this position?

YES  NO

If so, please provide details.

Are you on medication that could affect your performance in the position?

YES  NO

**Referees**

Please provide contact details of two work-related referees we may contact.

1.	2.

**Directorships**

For professional conflict reasons, please list any directorships or trusteeships you currently hold  
If so, please provide details.


continue separately if necessary

**Gibson Sheat Connections**

Do you have a partner, relative or household member working here or elsewhere in the Wellington legal sector?  
If yes, who?

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Do you have, or have you had, any significant connections through your work or personal relationships with anyone at Gibson Sheat?  
If yes, please provide details.

YES  NO


continue separately if necessary

**Professional Record (Lawyers only)**

Do you hold a current NZ Practising Certificate?

YES

NO

If no, what date did your last Practising Certificate expire?

Expiry Date

What is your Admission Date?

As a lawyer have you been the subject of any NZ or overseas Law Society complaints, or do you have complaints pending?

YES

NO

As a lawyer have you been the subject of any NZ or overseas litigation, or do you have litigation pending?

YES

NO

If so, please provide full details of all such complaints/litigation, or pending complaints/litigation, the date(s) of the complaint and the outcome(s).

Have you ever been subject to disciplinary proceedings by a District Disciplinary Tribunal or NZ Law Practitioners Disciplinary Tribunal? Give Details.

continue separately if necessary

## Declaration & Signature

1. I agree to Gibson Sheat Lawyers retaining this application for future reference
2. I consent to Gibson Sheat Lawyers contacting any referees named in this form to obtain from them information about me in connection with this appointment.
3. I consent to Gibson Sheat Lawyers communicating and obtaining information about me from any academic institutions included in this form or in my curriculum vitae in order to confirm my qualifications.
4. I consent to Gibson Sheat Lawyers communicating and obtaining information about me from the New Zealand Law Society and/or any relevant overseas Law Society to confirm my professional record detailed in this form.
5. I acknowledge that the written comments and assessments on my suitability, interview notes, referee comments and psychological assessment comments will be deemed evaluative and therefore confidential to Gibson Sheat Lawyers.
6. I declare that the statements made in this form and any attachments are true and complete. I am not aware of any conditions or situations not stated in this form which may affect my ability to carry out the functions and responsibilities of this appointment. I also understand that if any false information or deliberately misleading information has been given, that I may be disqualified for appointment, or if appointed, this may lead to the termination of my appointment.
7. I understand that information about this appointment will be treated confidentially.

Signature:

Date:

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## Privacy Act Statement

The information you supply on this application form, along with any attachments to the form, is solely used to assess your suitability for employment with Gibson Sheat Lawyers. If successful, the information will be held in your Gibson Sheat personnel file. Information on unsuccessful candidates will be confidentially destroyed after 12-18 months, or when the information is no longer required.

You have the right to view your personal information held by Gibson Sheat Lawyers, and may request correction if required.