

Employment Application

Applicant Information				
Full Name:			Date:	
	<i>Last</i>	<i>First</i>	<i>Title</i>	
Address:				
	<i>Street Address</i>			
	<i>City</i>			<i>Postcode</i>
Phone:	()	E-mail Address:		
Emergency contact	Name:	Phone:	Email:	
Date of birth (<i>if under 18 years old</i>)				
Position Applied for:			Available start date:	
Have you applied for a position with Ocula (<i>or Eyes on Ardmore</i>) previously?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a citizen or resident of New Zealand?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, do you have the right to work in New Zealand?	YES <input type="checkbox"/>
IRD Number:			What is the expiry date of your current working visa?	
Are you aware of any injury or medical condition caused by gradual process, disease or infection - for example, hearing loss, sensitivity to chemicals, repetitive strain injury - which may affect your ability to perform the functions and responsibilities of this position, now or at a later date?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes:	
Are you aware of any injury or medical condition, which may be aggravated by performing the functions and responsibilities of this position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes:	
Have you been convicted of any offence against the law other than minor traffic offences?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes:	
Do you have any criminal charges pending?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes:	
Do you have a spouse, partner, relative or household member working in the optometrist / optical industry? (Your response to this question may be necessary to prevent potential conflicts of interest).	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes:	
Do you have any other issues we may need to be aware of?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes:	
Desired employment	Full time only <input type="checkbox"/>	Part time only <input type="checkbox"/>	Full or part time <input type="checkbox"/>	Temporary / Seasonal <input type="checkbox"/>
Please describe your availability (i.e hours, week days and weekends)				

Please state your desired salary / hourly rate	
Please list two recent employment references that we are able to contact <i>(Name, phone number and email address)</i>	1. 2.
Please list one character reference that we are able to contact <i>(Name, phone number and email address)</i>	1.

Disclaimer and Signature

<i>I certify that my answers are true and complete to the best of my knowledge.</i>			
Signature:		Date:	

Questionnaire

What appeals to you about a position with **OCULA**?

How would you describe yourself as an employee?

How would you describe your personality?

What are your strengths? (Don't be bashful... you know you're awesome)

What are your weaknesses? (Come on, we all have weaknesses... don't hold back)

What do you think is the most important part of the sales process?

Have you ever had an experience with eyewear? If so, we'd love to hear about it...

What are your career goals?

Do you have any commitments outside of work, which may impact on your ongoing availability and flexibility?

Is there anything else you would like us to know about you? (...that's not already in your CV)