



OUTDOOR SAFETY

NEW ZEALAND MOUNTAIN SAFETY COUNCIL

APPLICATION FORM

POSITION APPLIED FOR:

1. Please provide the following information about yourself.

- | | |
|-----------------------|--------------------------|
| Mr | <input type="checkbox"/> |
| Mrs | <input type="checkbox"/> |
| Ms | <input type="checkbox"/> |
| Miss | <input type="checkbox"/> |
| Dr | <input type="checkbox"/> |
| Prefer no title | <input type="checkbox"/> |
| Other preferred title | <input type="checkbox"/> |

Surname / Family Name:

First Names:

Postal Address:

Phone No. (home)

Phone No. (business)

Phone No. (Mobile)

Email:

2. List your main qualifications, examinations passed, courses completed and any other education or courses you are currently completing.

3. **Attach** your chronological curriculum vitae OR work experience beginning with the most recent.

4. Indicate the names, contact address and telephone numbers of two persons who can tell us about your suitability for this position.

Name:

Phone:

Address:

Name:

Phone:

Address:

I agree that my previous employers may be contacted as referees. I understand that my current employer will not be contacted without my express consent beforehand.

5. Have you ever been convicted of any offence against the law, or do you have any criminal charges pending (apart from minor parking matters)?

YES

NO

If YES, please give details

6. Do you need a work permit to work in New Zealand?

YES

NO

(If YES, you will be required to produce this work permit if selected as the successful applicant)

7. I declare that the information given in this application is true and complete to the best of my belief.

Signed

Date

Don't forget to attach your curriculum vitae OR work experience record
and send this information to:

Dianne Gallagher, Administration Manager
dianne.gallagher@mountainsafety.org.nz
Mountain Safety Council, PO Box 6027, Wellington