

**JOB APPLICATION FORM**

**Airport Authority Cook Islands**

PO Box 90, Avarua, Rarotonga

Ph: 682 25-890, email: hr@airport.gov.ck

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| *It is the Airport Authority Cook Islands’ policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, sex or marital status. The information contained in this form is used for no other purpose and will be treated as confidential.* |
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| **Position applying for**  |  |
| **Location** |  |
| **Application closing date** |  |
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| **PERSONAL INFORMATION** |
| **Full Name** |  |
| **Other name(s) known by** |  |
| **Date of Birth** |  | **Place of Birth** |  |
| **Gender** | [ ]  Male [ ]  Female | **Nationality** |  |
| **Email** |  | **Phone** |  |
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| **OTHER INFORMATION** |
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| **Do you hold a current driver’s licence** |  | **What type of driver’s licence do you hold?** |  |
| **Are you able to drive a manual vehicle?** |  | **Are you able to drive an automatic vehicle?** |  |
| **Do you have you any medical condition(s) or injury that may prevent you from effectively carrying out the tasks of the position applied for? If yes, explain.** |  |
| **Have you ever been subjected to disciplinary action(s) resulting in a warning or dismissal? If yes, please provide details** |  |

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| **CRIMINAL CHECK INFORMATION** |
| **Have you ever been convicted of a criminal offence?**  | [ ]  YES [ ]  NO  |
| **You will be required to undergo a security vetting process.** |   |
| You are required to apply to the Cook Islands Police or Ministry of Justice for a criminal history check and provide that information.**NOTE-01**: Applicants who have been residing overseas within the last 10 years preceding date of application will be required to apply to the Cook Islands Police. **NOTE-02**: if you have been convicted of a serious crime within the last 5 years, your application **may** not be considered. |
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| **REFEREES:** *please identify two (2) referees*  |
| **Referee Name** |  | **Position** |  |
| **Address** |  | **Company** |  |
| **Email Address** |  | **Mobile phone** |  |
|  |
| **Referee Name** |  | **Position** |  |
| **Address** |  | **Company** |  |
| **Email Address** |  | **Mobile phone** |  |
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| **DECLARATION** |
| I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for disqualification or, if employed, immediate dismissal. |
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| **APPLICANT’S SIGNATURE:** |  |  | **DATE**: |  |
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