

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.

Position applied for	
Location	Airport Authority
Date	

PERSONAL INFORMATION				
Full Name				
Other name(s) known by				
Date of Birth			Place of Birth	
Gender	🗌 Male	Female	Nationality	
Email			Phone	

OTHER INFORMATION		
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 have 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		

be considered.

CRIMINAL CHECK INFORMATION		
Have you ever been convicted of a criminal offence?		
You will be required to undergo a security vetting process. Do you have any reservations about this requirement?		
If YES , then your application will not be considered. If NO , then you are required to apply to the Cook Islands Police or Ministry of Justice for a criminal history check.		
NOTE-01 : Applicants who have been residing overseas within the last 10 years preceding date of application will be required to apply to that country overseas Ministry of Justice or Police Department.		
NOTE-02 : if you have been convicted of a serious crime within the last 5 years, your application may not		

EDUCATION HISTORY - please provide proof of educational qualifications attained (e.g. CISC, NCEA)

Secondary Schools Attended	Dates		Eventingtion Desults (Qualifications
	From	То	Examination Results/Qualifications
Tertiary Institutions			Examination Results/Qualifications

EMPLOYMENT HISTORY – List below employers you have worked for over the last five (5) years, starting with the most recent one. This does not apply if you are a recent school-leaver

DATE (Month/Year)	NAME OF EMPLOYER	ADDRESS	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFEREES: please identify two (2) referees		
Referee Name	Position	
Address	Company	
Email Address	Mobile phone	
Referee Name	Position	
Address	Company	
Email Address	Mobile phone	

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.

APPLICANT'S SIGNATURE:

DATE: