

Expression of interest

Information

Full Name: _____ DOB: _____

Address: _____
Street Address

_____ *Suburb and Town/City* _____ *Postcode*

Phone: _____ Email _____

Are you a New Zealand Citizen? YES NO If no, are you authorized to work in the NZ? YES NO

Are you receiving assistance from Work and Income? YES NO

If yes, are you receiving a Supported Living Benefit or Jobseekers Benefit ?

Do you have a Lifelinks assessment, and can we get a copy of that? _____

Do you live with your family , or independently , or in a residential environment with support ?

Caregiver's name (if applicable): _____ Phone: _____

Education

High School: _____ or Other: _____

From: _____ To: _____ Is this your last year at school? YES NO If no, _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Please return the completed form via email or mail to:

marionette.chaney@kilmarnock.co.nz or

Kilmarnock Enterprises, 21 Lodestar Ave, Wigram, Christchurch 8042.