

PO Box 111, Rarotonga, Cook Islands | +682 29 410 | offices.justice@cookislands.gov.ck | www.justice.gov.ck

JOB APPLICATION FORM

POSITION DETAILS	<i>What position (s) are you applying?</i>
Position Name	
Location	
Position Name	
Location	
Position Name	
Location	
When are you available to start if you are selected for employment? _____ / _____ / _____	

PERSONAL INFORMATION
FULL NAME:
ADDRESS:
DATE OF BIRTH:
DAYTIME NUMBER:
EMAIL:

RIGHT TO WORK IN THE COOK ISLANDS	<i>Please tick relevant box</i>			
ARE YOU Cook Island Citizen	Permanent Cook Islands Resident	If neither of these, do you have the legal right to work in the Cook Islands	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Note: for external applicants: To be legally entitled to work in the Cook Islands you should be a Cook Islands citizen, or have Permanent Resident status, or have a current work permit				

HEALTH	Do you have, or have you ever had, a medical condition caused by an injury, illness, disability or gradual process that the tasks of the job may aggravate or contribute to, or that may affect your ability to carry out the work of the position applied for?
If Yes, please give brief details	
YES NO	
<input type="checkbox"/> <input type="checkbox"/>	

DRIVER'S LICENSE	Please tick the relevant boxes				
Do you have a current Cook Islands Driver's License?	YES	NO	If YES, what class do you have?	Class A (Motor Cycle)	
				Class B (Car/Light Trade)	
				Class C (Heavy Trade Vehicle)	
				Class D (Passenger Service Vehicle)	
<input type="checkbox"/>	<input type="checkbox"/>				

REFEREES		
NAME	EMAIL ADDRESS	DAYTIME NUMBER
1.		
2.		
3.		

AUTHORITY AND DECLARATION:

I declare that I have truthfully completed all sections of this application. I understand that if I am employed, false information, omissions, or misrepresentations may result in the termination of the Employment Agreement.

I give authority for the Ministry to conduct a Criminal background Clearance check, and to contact the referees listed on this application to check the quality of my work performance and conduct.

PRINT NAME _____

SIGNATURE _____ DATE _____