



EMPLOYMENT SERVICES - EMPLOYEE FORM

Q:1 Employee information

First Name:

Surname:

Date of Birth:

Gender: Female

Male

RMD Number

CINSF Number

Q:2 Contact Information

Village:

Island:

Phone number:

Mobile Number:

Email:

Q:3 Employee Redeployment Details

Last Job:

Past work experience:

What skills do you have?:

Work preference:

Education level: Primary

Secondary

Tertiary

Do you have any Health problems (IF Yes please explain)

Number of dependents in household:

Circle level of English language 1 2 3 4 5

(5 being advanced)

Circle level of Maori language 1 2 3 4 5

(5 being advanced)

Specify other language

***This information is true and complete. I agree and understand the terms and conditions for this temporary benefit.***

(Refer to [www.intaff.gov.ck](http://www.intaff.gov.ck) for terms and conditions)

Signature of applicant:

Receiving Officer

Date: