



Application for Employment Government Communications Security Bureau

Thank you for expressing an interest in working for the Government Communications Security Bureau (GCSB). The information you provide on this form will be used to assess your suitability for the position you have applied for.

If applying for more than one position, please complete an application form for each position.

IMPORTANT INFORMATION FOR ALL APPLICANTS

- To work for the GCSB you must be **at least 20 years of age**.
- To work for the GCSB you must be a **New Zealand Citizen** preferably for a minimum of 10 years (residency is not sufficient).
- All successful applicants are required to undergo a security vetting process which can take a number of months.
- It is very important that you complete all sections of this form in order for us to assess your suitability for the vacancy.
- The GCSB will not make unauthorised use of any information you state on this form, all submitted forms will be held in a secure place and will be destroyed once no longer required.

Vacancy:	Vacancy Number:
Your Details	
First Name(s):	
Last Name:	
Street Name & Number:	
Suburb:	
City:	
Country:	

Phone Numbers:	<input type="checkbox"/> Home:
Please tick the box if we can contact you on the following numbers.	<input type="checkbox"/> Work:
	<input type="checkbox"/> Cell:
Email:	
Your Ability to Work for the GCSB	
1. Please confirm that you are at least 20 years old <input type="checkbox"/> yes <input type="checkbox"/> no	
If you are younger than 20, you will not be able to obtain the level of security clearance required to work at the Bureau.	
2. Do you currently live in New Zealand? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes , how many years have you been in New Zealand?	Years / Months
If no , when were you last in New Zealand?	DD / MMM / YYYY
when did you leave New Zealand?	DD / MMM / YYYY
3. Where you born in New Zealand? <input type="checkbox"/> yes <input type="checkbox"/> no	
a) In what country were you born?	
b) Are you a New Zealand Citizen?	<input type="checkbox"/> yes <input type="checkbox"/> no
c) If yes, what date did you obtain your citizenship?	DD / MMM / YYYY
4. Have you been convicted of any offence, in New Zealand or overseas, within the last 10 years? <input type="checkbox"/> yes <input type="checkbox"/> no	
Do not include minor traffic infringement notices such as parking offences)	
If yes, please give full details:	
5. Do you have any criminal charges pending? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, please give full details:	

Tell us about your Skills and Experience

Please list four key strengths you believe you would bring to the position you are applying for. If possible, please provide an example (in brief) of when you demonstrated these key strengths.

Key Strength	Example
1.	
2.	
3.	
4.	

What relevant qualifications do you hold?

Qualification	Institution	Year Completed

Academic transcripts attached?

yes

no

What other previous experience do you have that may be relevant that you haven't already mentioned?

E.g. non-formal training, interests, hobbies etc.

What are your career aspirations?

Why should we choose you to work for the GCSB?

Have you ever suffered an injury, health problem, or medical condition that may affect your ability/performance? yes no

If yes, how might the GCSB accommodate your condition?

Statistical Information

<p>Where did you see our vacancy advertised?</p> <p><input type="checkbox"/> paper <input type="checkbox"/> Internet <input type="checkbox"/> GCSB website <input type="checkbox"/> Recruitment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other, please specify:</p>	<p>Please tick the sector in which you are currently employed:</p> <p><input type="checkbox"/> public sector <input type="checkbox"/> wider state sector <input type="checkbox"/> private sector <input type="checkbox"/> non-labour force / casual / unemployed</p>
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Additional Information

Referees
 Please provide names and contact details for two work-related referees. Please note, we will not contact referees without your permission.

Referee name:	1.	2.
Relationship to you:		
Place of work/study:		
Phone Number:		
Email address:		

I certify that all the information I have provided on this form is correct, and understand that if I have omitted important information or provided misleading information, I may be disqualified from further consideration for suitability of employment, or, if appointed, may be liable for dismissal.

Name:		Signature:	
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(A typed name is sufficient for email applications)