

CONFIDENTIAL

To be completed personally by Applicant

Date of Application:

APPLICATION FOR EMPLOYMENT

Note: The completion of this form does not indicate that there is any obligation on the Company to engage the applicant.

Purpose: This information is collected for the purpose of assessing your suitability for employment atwhich may include subsequent changes in employment with the Company.

PLEASE PRINT

POSITION APPLIED FOR

YOUR NAME
In block letters

How do you like to be addressed:

Family Name:

Given Names (underline name used):

Are you known by any other name(s)?

Give details:

YOUR CONTACT ADDRESS AND TELEPHONE NUMBERS

Contact Address:

Home Phone No: Other No. (If Any):

AGE

Have you reached the current school leaving age (16 years)?

Yes/No

LEGAL WORK STATUS

Are you legally entitled to work in New Zealand?

Yes/No

As:

A New Zealand Citizen

Yes/No

A permanent resident

Yes/No

A holder of a current work permit

Yes/No

EDUCATION

Including university, further education, etc where applicable

Name of secondary school(s) attended

.....

.....

Qualifications (school certificate, university entrance) - (subjects)

.....

.....

Other Qualifications

Yes/No (Subjects)

.....

LANGUAGES

Can you hold an every day conversation in any language other than English?

.....

APPRENTICESHIP
For trades positions only

Do you have your apprenticeship papers? Yes/No

In what trade were you apprenticed?

What was the name and address of the employer?

.....

Name Address

What trade qualifications do you hold? (i.e. Trade Cert, Advanced Trade Cert., etc)?

.....

QUALIFICATIONS

Do you have any other qualifications/certificates/licences/or attended any courses? (Give details).

.....

Please describe the skills you hold which are relevant to the position applied for (e.g. for a typist - typing speed, word processing capability, shorthand capability, etc).

.....

.....

.....

EMPLOYMENT HISTORY

Present or Most Recent Employer

Company:

Address:

Job Held:

Main Duties:

No of hours worked per week: Length of service:

Reason for Leaving:

For the purposes of compliance with the Privacy Act 1993 do you consent to the Company contacting your present employer for the purposes of reference checking? Yes/No

Next Most Recent Employer

Company:

Address:

Job Held:

Main Duties:

No of hours worked per week: ¹Length of service:

Reason for Leaving:

Next Most Recent Employer

Company:

Address:

Job Held:

Main Duties:

No of hours worked per week: Length of service:

Reason for Leaving:

Give details of any other job which may be relevant:

.....

Have you ever worked for this Company or an associated company before? Yes/No

If yes, where and when:

Do you have secondary employment? Yes/No

If yes, please detail:

.....

REFEREES Give name, address and telephone numbers of at least two referees.

Name	Position	Address	Phone No.
.....
.....

If your application is successful when could you commence employment:

GENERAL

Are you prepared to work shifts if required to do so? Yes/No

Have you worked shifts before? Yes/No

Are you prepared to work overtime if required? Yes/No

Do you have any present criminal convictions, not including any concealed under the Clean Slate Act?, Yes/No

Have you been the subject of a Diversion ordered by the Courts? Yes/No

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes/No

Are you prepared to handle all products, materials, or equipment used in the industry? Yes/No

Do you have a current drivers licence? Yes/No

If yes, what class?

Drivers Licence No.:

Do you have any demerit points or endorsements? Yes/No

Do you have any legal proceedings against you pending? Yes/No

If yes, please detail:

Do you have a spouse, partner, or relative or working here or elsewhere in the same industry?¹

Yes/No

If yes, who?

Where?

What transport arrangements do you have to attend your place of employment?

.....

What are your interests/hobbies/sports/clubs or community activities?

.....

MEDICAL

If you are offered employment, the offer may be made subject to your obtaining a full medical clearance (by completion of medical examination) to assess your fitness for the job for which you are applying.

Do you consent to undergo a medical examination if you are offered employment? Yes/No

Do you consent to any biological monitoring in accordance with the Health and Safety in Employment Act 1992, if applicable? Yes/No

Do you have any health related issues that may impact on your ability to perform the tasks listed in the Job Description and/or Task Analysis for job that you are applying for?² Yes/No

If yes, please detail:

PRIVACY ACT CONSENT

Do you consent to the Company retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with this Company in the future? Yes/No

REFERENCE CONSENT

I, (full name) consent to the above organisation seeking verbal or written reference on a confidential basis from representatives of my previous employers and/or referees about me, and authorise the information sought to be released for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.

Signed: Date:

DECLARATION

I, (full name) declare that to the best of my knowledge the information provided in this application and in any resume enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated. [I further understand that any offer of employment if made is conditional on my obtaining a full medical clearance]

Signed: Date:
