



Application for Employment Form

Personal Information:

The following information is collected for the purpose of assessing your suitability for employment. If successful, such information will form part of our staff records. Failure to supply the information requested may prejudice our ability to assess your suitability for the position.

In accordance with The Privacy Act 1993, you are entitled to access this information upon request.

Note: the completion of this form does not indicate that there is any obligation to employ you.

Position you are applying for:	<input type="text"/>		
Date:	<input type="text"/>		
Surname:	<input type="text"/>	First Name:	<input type="text"/>
Are you known by or have used any other names?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Surname:	<input type="text"/>	First Name:	<input type="text"/>
Address:	<input type="text"/>	Email:	<input type="text"/>
	<input type="text"/>	Phone:	<input type="text"/>
	<input type="text"/>	Mobile:	<input type="text"/>
	<input type="text"/>		<input type="text"/>

Are you legally entitled to work in New Zealand? Yes No

If yes, what is that right based on?

A NZ Citizen

A permanent resident

A holder of a current work permit

What evidence can you provide?

If your application is successful when could you commence employment?

Work History:

Company

Position

From

To

Education & Qualifications

Qualification/Certificates obtained

Tertiary Institution/School

Are you currently studying or planning to study for any qualification that may be relevant to the job you are applying for? Yes/No

If yes, please detail.

Referees:

It is our policy to obtain a minimum of two work related verbal references. These should be either your immediate supervisor or another person with whom you regularly interacted with in carrying out your day-to-day work duties.

Name:	
Position:	
Company:	
How long did you work for/with this person?	
Contact Phone Numbers:	

Name:	
Position:	
Company:	
How long did you work for/with this person?	
Contact Phone Numbers:	

Name:	
Position:	
Company:	
How long did you work for/with this person?	
Contact Phone Numbers:	

I consent to the Company contacting the above named referees and companies. I understand that the information received by is supplied in confidence as evaluative material.

Drivers License:

Do you have a current drivers license?

Yes

No

Name that appears on your Drivers License

Date of Birth:

License Number

Version

I consent to the Company accessing my Driver License record.

Signature of driver license holder: _____

List all licences you have that may be relevant to the position you are applying for. (Forkhoist licence, heavy vehicle licence etc) Include what category (Full, restricted or Learners)

Do you have any demerit points or endorsements on any of your licences?

Yes

No

If yes, please detail.

Do you have any traffic cases pending?

Yes

No

If yes, please detail.

Do you have any commitments which, if successful in obtaining this role, may prevent you from attending you place of employment during ordinary hours or affect your availability for overtime or shift work when required?

Yes

No

If yes, please explain.

Are you involved in any business activities outside your normal work? Eg: secondary employment

Yes

No

If yes, please explain.

Have you ever been convicted of, or are awaiting the hearing of any criminal or civil charges/offences (that are not covered by the Clean Slate Act)?

Yes

No

If yes, please explain.

Have you ever been the subject of a diversion, ordered by the courts?

Yes

No

If yes, please explain.

Do you consent to a Police Check in regards to criminal convictions being conducted?

Yes

No

Medical History:

The Health and Safety in Employment Amendment Act 2002 requires the employer to identify hazards and to provide a safe place to work. A person's physical state may pose a hazard for themselves and/or other staff, hence the reason for these questions.

Have you had an injury or medical condition caused by gradual process, disease or infection? For example, asthma, hearing loss, poor eyesight, sensitivity to chemicals, occupational overuse syndrome or repetitive strains injury or mobility affecting problems?

Yes No

If yes, please explain.

Do you have any health problems or disabilities which might affect your ability to perform the job applied for?

Yes No

If yes, please detail.

Are you aware of any substances or chemicals that you are sensitive or allergic to?

Yes No

If yes, please detail.

Are you presently receiving medical treatment and/medication that may effect your ability to work safely?

Yes No

If yes, please detail.

Have you ever suffered from a back injury requiring time off work?

Yes No

If yes, please detail.

Have you ever-claimed Accident Compensation?

Yes No

If yes, please detail.

Do you require corrective lenses or contact lenses?

Yes No

Have you ever needed to take more than your sick-leave allocation?

Yes No

If yes, please detail.

Do you agree to undergo a pre-employment drugs test?

Yes No

Has your use of alcohol and/or drugs ever affected your work performance?

Yes No

If yes, please detail.

General

If your application is successful when could you commence employment? _____

Are you prepared to work overtime if required? Yes No

Are you prepared to handle all products, material or equipment used in this industry? Yes No

Can you speak any other language other than English? _____

Declaration

The application form is a source of information which will be used by the Company to assist in considering your suitability for the position for which you are applying. If successful, such information shall form part of your employee records. Failure to supply information requested would prejudice our ability to assess your suitability for the position.

I, _____ declare that to the best of my knowledge the answers to the questions in this application are correct and I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed.

I consent to the Company seeking verbal or written information on a confidential basis about me. I authorise the information sought to be released to the Company for the purposes of ascertaining my suitability to the position for which I am applying.

Any offer of employment is made subject to you undergoing a security clearance. Due to the rigorous security checking process, you may have already commenced employment with the Company prior to receiving clearance. However, if this check reveals information regarding criminal convictions/diversions which you have not declared or provided sufficient information in this application, you may face disciplinary action including dismissal.

Personal Information under the PRIVACY ACT 1993

The information that you supply on this application form and any curriculum vitae is solely to assess your suitability for the employment with the Company in the position applied for. This information will be securely held in the Company's files and under the company's rules of access. No information will be disclosed to third parties without your authorisation, except as required by law. If you are unsuccessful your application may be held for up to 12 months and then confidentially destroyed. You have the right to view your personal information held by the company in the presence of the manager and may request correction if necessary.

Note: Completion of this form does not indicate any commitment to employ you.