

Application for Employment Form

Personal Information:

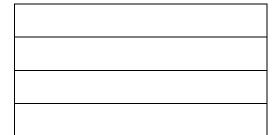
The following information is collected for the purpose of accessing your suitability for employment. If successful, such information will form part of our staff records. Failure to supply the information requested may prejudice our ability to assess your suitability for the position.

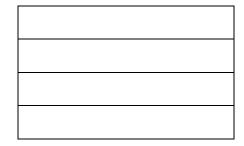
In accordance with The Privacy Act 1993, you are entitled to access this information upon request.

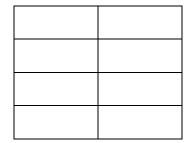
Note: the completion of this form does not indicate that there is any obligation to employ you.

Desition was an englying for			
Position you are applying for:			
Date:			
Surname:	First Name:		
Are you known by or have used any o	ther names? Yes No		
Surname:	First Name:		
Address:	Email:		
	Phone:		
	Mobile:		
Are you legally entitled to work in New Z	ealand? 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 cou	Ild you commence employment?		
Work History:			
Company	Position	From	То

Education & Qualifications

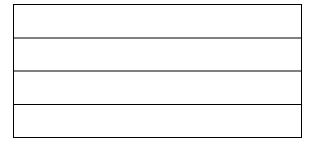






Qualification/Certificates obtained

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.

work for/with this person?	
mbers:	

Name:		
Position:		
Company:		
How long did yo	u work for/with this person?	
Contact Phone N	lumbers:	

Name:		
Position:		
Company:		
How long did yo	ou 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	0.					
	rent drivers license?				Yes	No
Name that appears	on your Drivers License					
Date of Birth:		License N	lumber		Versio	۱
	l consent to t	he Compan	y acces	ssing my Driver License	record.	
	Signature of driver licens	e holder:				
	have that may be relevant t , restricted or Learners)	o the position	you are	applying for. (Forkhoist licer	nce, heavy vehicle lice	nce etc) Include
Do you have any	demerit points or endorse	ements on ar	ny of yo	ur licences?	Yes	No
If yes, please de	etail.					
Do you have any	traffic cases pending?				Yes	No
If yes, please de	etail.					
If yes, please ex	plain.					
Are you involved in	any business activities outsi	ide your norm	al work?	eg: secondary employment	Yes	No
If yes, please ex	plain.					
Have you ever beer Slate Act)?	n convicted of, or are awaitir	ng the hearing	of any c	riminal or civil charges/offer	nces (that are not cov Yes	ered by the Clean No 🗌
If yes, please ex	plain.					
Have you ever beer	n the subject of a diversion, o	ordered by the	e courts?	2	Yes	No
If yes, please ex	plain.					
Do you consent to a	a Police Check in regards to a	criminal convid	ctions be	eing 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.

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.		Yes	No
If yes, please detail. If yes, please detail. ve you aware of any substances or chemicals that you are sensitive or allergic to? yes If yes, please detail. ve you presently receiving medical treatment and/medication that may effect your ability to work safely? Yes No If yes, please detail. tave you ever suffered from a back injury requiring time off work? Yes No If yes, please detail. tave you ever-claimed Accident Compensation? Yes No our equire corrective lenses or contact lenses? Yes No No tave 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	If yes, please explain.		
If yes, please detail.	oo you have any health problems or disabilities which might affect your ability to perform the job applied fo		No
Yes No If yes, please detail. Yes Ave you presently receiving medical treatment and/medication that may effect your ability to work safely? Yes If yes, please detail. Yes tave you ever suffered from a back injury requiring time off work? Yes If yes, please detail. Yes tave you ever-claimed Accident Compensation? Yes If yes, please detail. Yes bo you require corrective lenses or contact lenses? Yes If yes, please detail. Yes Do you ever needed to take more than your sick-leave allocation? Yes No If yes, please detail.	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. Yes No 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. Yes No No No Yes No No Yes No No Yes No No Yes No No No Yes Yes No Yes <	re you aware of any substances or chemicals that you are sensitive or allergic to?	Yes	No
Yes No If yes, please detail.	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	re you presently receiving medical treatment and/medication that may effect your ability to work safely?	Yes	No
Yes No If yes, please detail. Yes Have you ever-claimed Accident Compensation? Yes If yes, please detail. Yes No Yes Vo you require corrective lenses or contact lenses? Yes No Yes Have you ever needed to take more than your sick-leave allocation? Yes If yes, please detail. Yes No Yes If yes, please detail. Yes No Yes <tr< td=""><td>If yes, please detail.</td><td></td><td></td></tr<>	If yes, please detail.		
Iave you ever-claimed Accident Compensation? Yes No If yes, please detail. Do you require corrective lenses or contact lenses? Yes No Iave you ever needed to take more than your sick-leave allocation? Yes No If yes, please detail. Yes No Do you agree to undergo a pre-employment drugs test? Yes No	lave you ever suffered from a back injury requiring time off work?	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	If yes, please detail.		
Do you require corrective lenses or contact lenses? Yes 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	lave you ever-claimed Accident Compensation?	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	If yes, please detail.		
If yes, please detail.	o you require corrective lenses or contact lenses?	Yes	No
Do you agree to undergo a pre-employment drugs test? Yes No	lave you ever needed to take more than your sick-leave allocation?	Yes	No
	If yes, please detail.		
Has your use of alcohol and/or drugs ever affected your work performance? Yes No	oo you agree to undergo a pre-employment drugs test?	Yes	No
	las your use of alcohol and/or drugs ever affected your work performance?	Yes	No

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.