

APPLICATION FOR EMPLOYMENT

Below is an Application for Employment Form which you are requested to personally complete.

The Application Form is a source of information that will be used by this company to consider your suitability for the position for which you are applying. 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 to this company's manager where the information is held.

In order to enable the Company to evaluate your application for employment and to meet the requirements of the Health and Safety in Employment Act and Accident Insurance Act, please provide the following information.

You may be requested to undergo a medical examination by a registered medical practitioner, prior to confirmed appointment to any position.

This is an application only and the Company is **not obligated** to employ based on this information.

Do you consent under the Privacy Act 1993, to this employer contacting your existing/former employers or referees and retaining this information on file for this employer's exclusive use? **YES/NO**

You may attach any other information to this form which you consider relevant e.g.: Curriculum vitae, qualification certificates etc.

Position Applied for: _____

Available start date: _____

APPLICANTS NAME

Surname: _____

Given Names: _____

Specify any other name known by: _____

APPLICANTS ADDRESS

Number and Street: _____

Suburb, Town or City _____

Contact telephone No Day: _____

After Hours: _____

**PERSON TO CONTACT IN EVENT OF
ACCIDENT OR EMERGENCY**

Name: _____

Address: _____

Telephone: _____

Relationship to Applicant: _____

EMPLOYMENT STATUS

Are you legally entitled to work in New Zealand? **YES/NO**

EDUCATION

Secondary School attended: _____

From: _____

Qualification(s) or occupational
training gained: _____

EMPLOYMENT HISTORY

Present or most recent employer _____

Address: _____

Telephone: _____

Position held by applicant: _____

Main duties: _____

Number of hours worked _____

Reason for leaving: _____

Next most recent Employer _____

Address: _____

Telephone: _____

Position held by applicant: _____

Main duties: _____

Number of hours worked _____

Reason for leaving: _____

Employer contact: _____

REFEREES specify at least two referees

Name _____ Name _____

Address _____ Address _____

Telephone _____ Telephone _____

GENERAL

Have you been convicted of a criminal offence? **YES/NO**

Please add your signature after this question if you consent to the Department of Courts releasing such information to this employer?

Are you awaiting the hearing of charges in a civil or Criminal Court of Law? **YES/NO**

Do you have a current drivers licence? **YES/NO**

If yes, what class: _____

Learner: **YES/NO** Restricted: **YES/NO** Full: **YES/NO**

Drivers Licence No: _____

Expiry Date: _____

Types of Vehicles Driven _____

In the past five years, has your driving licence at any time been cancelled or suspended?

YES/NO If “Yes”, please give details:

Have you incurred any speeding fines or other traffic infringements in the past three years?

YES/NO If “Yes”, please give details:

Have you been involved in any vehicle crashes in the past three years?

YES/NO If “Yes”, please give details:

Have you ever been disqualified from driving due to alcohol or drug-related offences?

YES/NO If “Yes”, please give details:

Do you have any demerit points or endorsements? **YES/NO**

If yes, please detail: _____

Are you a member of any territorial force unit? **YES/NO**

If so, have you completed whole time training? **YES/NO**

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

Do you have secondary employment? **YES/NO**

If yes, please detail _____

Is there any impediment to you traveling away or working additional hours, shifts or on weekends or public holidays? **YES/NO**

If yes, please detail: _____

Do you have any New Zealand Qualification Authority Unit Standards? **YES/NO**

MEDICAL

Are you allergic to, or have any sensitivity to any substance or chemicals? **YES/NO/SPECIFY**

Do you suffer from Asthma? **YES/NO**

Are you allergic to bee stings? **YES/NO**

Do you require corrective lenses or contact lenses? **YES/NO**

Do you suffer from epilepsy, black outs, seizures? **YES/NO**

Do you have a hearing disability? **YES/NO**

Do you suffer from diabetes, heart problems, blood pressure? **YES/NO**

Have you ever suffered from a back injury requiring time off work? **YES/NO**

Do you require or carry prescription medication? **YES/NO**

Do you smoke? **YES/NO**

In your past employment have you been exposed to:
Noise, Asbestos, Heavy Metals, Solvents, Skin Irritants or
Infectious Material? **YES/NO**

If yes please detail _____

Have you had an injury or medical condition caused by gradual process, disease, or infection arising out of work that may be aggravated or further contributed to by the tasks of this position? **YES/NO/SPECIFY**

Do you have, or have you had any medical condition(s), injury or injuries which may affect you in the performance of any of the essential functions and responsibilities of the position you are applying for (e.g.: vision impairment, heart disease, epilepsy, back injury or strain etc)? **YES/NO**

If yes, please detail: _____

For the purpose of gathering information required in respect of the Company's accident insurance cover, please set out the injuries or medical conditions, including gradual process injury, disease or infection (work related or otherwise) for which you have received ACC, worker's compensation or insurance cover for the last 6 years:

DECLARATION

I understand that this personal information will be treated by the Company as confidential. I also understand that I have the right to access the personal information and request corrections of any inaccuracies.

I declare that to the best of my knowledge, the answers to the questions in this application are correct. I am fully aware that the Company is acting in reliance on this information both prior to and during my employment for the purposes of its obligations under the Accident Insurance Act 1998, and that I undertake that the information provided above is not false or misleading.

I agree to undergo a Medical Examination if required.

Signed:_____ Date:_____

When completed please email to bruce@westotago.co.nz