

APPLICATION FOR EMPLOYMENT FORM

CONFIDENTIAL

(To be completed personally by Applicant)



Please note: This form is an interactive PDF. Please use the FREE Adobe Acrobat reader to ensure complete functionality. Complete the form by entering details in the fields, save and email to:

Privacy of Personal Information

This information is collected in order to assess your suitability for employment for the position above.

If your application is successful, this form will be retained on your personal file. If unsuccessful it, along with other application papers, will be held confidential and destroyed after 12 months.

You have right of access to personal information and to ask for any correction you think is necessary.

If unsuccessful in the position you have applied for, do you wish to have your application considered for other similar vacancies in the next 12 months?

YES NO

You should provide a complete answer to each question. If manually using PDF Please print clearly.

Position Applied For:

1. PERSONAL DETAILS

Surname:

Given Names (underline name used):

Are you known by any other names?

Date of Birth:

Contact Address:

Home Phone Number:

Mobile Phone Number:

Email Address:

2. EDUCATION / QUALIFICATIONS / TRAINING (most recent qualification first)

School/Institution/Training Facility	No of Years Attended	Qualifications/Standards of Achievement Including Certificates Relevant to Job

3. CURRENT OR MOST RECENT EMPLOYMENT

Present or Most Recent Employer

Company:

Job Held:

Full Time Part Time Position: Length of Service:

Reason for Leaving:

4. PAST EMPLOYMENT

Years	Name & Address of Employer	Position(s) Held and Duties	Reason for Leaving

Have you been the subject of disciplinary action or been dismissed by a previous employer? YES NO

If yes, please detail:

5. REFEREES

Please provide details of referees that you authorize us to contact. At least two of these must be known to you in a work related capacity.

Name: Phone:

Position Held:

Address:

Name: Phone:

Position Held:

Address:

Name: Phone:

Position Held:

Address:

6. GENERAL

Do you intend to carry out other paid work while employed in this position? YES NO

If yes, please provide details

Are you likely to have any commitments which may prevent you from being at work during ordinary hours, or affect your availability for overtime (eg sports, hobbies, special interests, education, training)? YES NO

If yes, please give details:

Are you a member of a territorial force unit, volunteer fire brigade or a union? YES NO

If yes, please provide details

Do you have a spouse, partner, relative or household member working for this company or for a competitor of the company? YES NO

If yes, please provide details

Do you have the right of permanent residence in New Zealand or a valid work permit? YES NO
(Evidence will need to be sighted during an interview)

Are you prepared to work overtime if required? N/A YES NO

Are you prepared to work shifts if required? N/A YES NO

If offered the position, what date can you start work?

For positions where driving may be required:

Do you have a current drivers licence? YES NO

If yes, what class? what is your licence number?

(Please attach a copy of your licence, front and back, to this application)

Are you waiting for a hearing of any charges for driving offences? YES NO

For positions of trust (those handling money, security, small plant, stores, purchase order books etc):

Have you been charged with or convicted of a criminal offence? YES NO

If yes, further information relevant to employment may be sought at later interviews

7. HEALTH AND SAFETY

Have you ever been treated for:

Hearing disorder YES NO

Back injury or strain YES NO

Serious injury accident YES NO

Work related injury registered with ACC YES NO

Gradual process injury, disease or infection that may be aggravated or further contributed by the work YES NO

If you have answered 'Yes' to any of the above questions please provide details below:

Do you agree to undergo a medical examination if required? (paid for by the company) YES NO

Do you agree to undergo drug and alcohol testing prior to employment? YES NO

It is company policy to undertake periodical random drug and alcohol testing, are you in agreeance? YES NO

If you will be involved in hazardous work you are bound to inform us of any condition that may affect safety on the job. Is there any medical condition that we should be aware of?

8. DECLARATION

I

(full name) declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false or misleading information is given, or any material fact suppressed, I may not be employed, or if I am employed, I may be dismissed. I also understand that any false information given in the Health and Safety section of this form may result in my loss of entitlement to any compensation from ACC.

Signed:

Date:

9. AUTHORISATION

I

(full name) consent to inquiries being made to verify the accuracy of information contained in this application form or associated application documents, or any other matter relating to my suitability for employment. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.

Present Employer YES NO

Past Employers YES NO

Referees YES NO

Signed:

Date:

OFFICE USE ONLY

Referee Check:

Employment approved by:

Signed:

Date:

Notes: