

LOGO

Trading as

SAMPLE COMPANY

EMPLOYMENT APPLICATION FORM

Attached is an application for employment form which you are requested to personally complete.

The Application form is a source of information which will be used by **Sample Group** to assist in considering your suitability and assess your skills and experience. If successful, such information shall form part of **Sample Groups** personnel records. Failure to supply the information requested may prejudice the Company' ability to assess your suitability for a position or assist you in the pursuit of employment. ***Please note - the completion of this form does not indicate that there is any obligation on the Company to engage the applicant.***

Please attach with this form a copy of your curriculum vitae (cv) and copies of any relevant qualifications, including your drivers license. Please do not send original documents.

You are entitled to access this information upon request to the Companys' Privacy Officer where the information is held.

Should your application be unsuccessful, unless requested otherwise, the information provided by applicants shall be retained by the Company for a period of 12 months. The above information is provided in accordance with the Privacy Act 1993.

Confidential

To be completed personally by Applicant - (PLEASE PRINT)

Date of Registration:

Position applied for:

PERSONAL DETAILS

How do you like to be addressed?: MR / MRS / MS / MISS / OTHER (Please Specify)

Family Name

Given Names

Preferred Name

What other names are you known by?

Contact Address

.....

.....

Contact Phone

Contact Email Address:

LEGAL WORK STATUS

Have you reached the current school leaving age? YES / NO

Are you legally entitled to work in New Zealand as:

A New Zealand Citizen? YES / NO

A permanent resident? YES / NO

A holder of a current work permit? YES / NO

EDUCATION

Name of secondary school(s) and tertiary institution(s) attended

.....

.....

.....

Secondary qualifications gained (e.g. School Certificate, University Entrance) and subjects studied:

.....

.....

Other qualifications (please attach copies of qualifications gained):

.....

.....

Do you have any other qualifications/certificates/licenses/ or have you attended any courses? (give details):

.....

.....

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

.....

.....

LANGUAGES

Can you hold an every day conversation in a language other than English? (please list languages):

.....

EMPLOYMENT HISTORY

Present or Most Recent Employer

Company:

Address:

Job Held:

Main Duties:

.....

No. Hours worked per week:

Employed From: To:

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. Hours worked per week:

Employed From: To:

Reason for Leaving:

Next Most Recent Employer

Company:

Address:

Job Held:

Main Duties:

No. Hours worked per week:

Employed From: To:

Reason for Leaving:

Next Most Recent Employer

Company:

Address:

Job Held:

Main Duties:

No. Hours worked per week:

Employed From: To:

Reason for Leaving:

Other Employment

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.

Referee 1 - Name: Position:

Address:

Phone No: Relationship:

Email Address:

Referee 2 - Name: Position:

Address:

Phone No: Relationship:

Email Address:

Referee 3 - Name: Position:

Address:

Phone No: Relationship:

Email Address:

If your application is successful when could you commence employment?

GENERAL

Are you prepared to work outside regular work hours (8am-5pm), including weekends if required to do so? YES / NO

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

Have you ever brought a personal grievance against a previous employer? YES / NO

If yes, please detail:.....

Have you ever been involved in a disciplinary process that has resulted in termination of your employment? YES / NO

Do you have any criminal convictions, not including any concealed under the Criminal Records (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

If yes, please detail:

Are you prepared to handle all products, materials or equipment including as required in the industry? YES / NO

Do you have a current drivers licence? (to drive a manual vehicle) YES / NO

(Please attach a copy of your Drivers Licence to your application)

License class(es) held:Drivers License No:

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

Do you have any civil legal proceedings against you pending? YES / NO

If yes, please detail:

Do you have a spouse, partner, relative or household member working at The Company or elsewhere in the industry? YES / NO

If yes, who? Where?

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

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?

MEDICAL

Note - If you are offered employment the offer may be made subject to your obtaining a full medical clearance following the completion of our pre-employment medical.

Have you had an injury or medical condition (including stress) caused by gradual process, disease or infection (for example hearing loss, sensitivity to chemicals, repetitive strain injuries) that may be aggravated or further contributed to by the tasks of the job you are applying for?

YES / NO

If yes, please detail:

If you are offered employment the offer may be made subject to your obtaining a full medical clearance (by completion of a 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 if applicable to the Job? (e.g. hearing testing - Refer HASE Act)

YES / NO

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 the Company in the future?

YES / NO

DECLARATION

I (full name) declare that to the best of my knowledge the information provided in this application and in any resume provided is correct 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 will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation. I further understand that any offer of employment if made is conditional on my obtaining a full medical clearance through the Company's pre-employment medical.

Signed Date

PRE-EMPLOYMENT MEDICAL

Have you claimed accident compensation in the last 12 months? YES / NO

If yes, give details:
.....

Are you allergic to, or have any sensitivity to, any substances or chemicals? YES / NO

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

Do you have any hearing disability? YES / NO

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

Have you in previous employment been provided with personalised or modified equipment? YES / NO

If yes, please detail.....

State any serious injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?
.....
.....

Do you have any other known condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? YES / NO

If yes, please detail.....
.....

In your past employment have you been exposed to:

Noise?	YES / NO	Infectious Material?	YES / NO
Asbestos?	YES / NO	Heavy Metals?	YES / NO
Solvents?	YES / NO	Skin Irritants?	YES / NO

If yes, please give details:
.....

DECLARATION

I..... (full name) declare that to the best of my knowledge the answers in this form are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated.

I consent to the Company having access to and using the information arising from my pre-employment medical for the purposes of confirming or declining my conditional offer of employment and authorise the information to be released to the Company. YES / NO

Signed Date

**CONSENT TO
DISCLOSURE OF INFORMATION**

LOGO

Licensing & Vetting Service Centre
Office of the Commissioner
PO Box 3017
WELLINGTON

I,
(Surname) (First Names)

.....
(maiden or any other names used)

Sex (M/F) Date and place of birth

Nationality Residential Address:

Suburb:..... City:

NZ Drivers License number:

I hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to the Company. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed: Date:

COMMENTS OF THE NEW ZEALAND POLICE

A stamped, self-addressed envelope must accompany all requests.