

- Have you previously been employed by this company? Yes No
- Do you agree to enquires being made as to the accuracy of information contained on this Application form or any other matter for your suitability for employment from:-
Present Employer: yes No Past Employer: Yes No Other Persons: Yes No

REFEREES

Please give detail of three referees that you authorise us to contact preferably two work-related referees and one personal referee.

Name: Address: Ph:
 Name: Address: Ph:
 Name: Address: Ph:

GENERAL

- Do you have a current Drivers Licence? Yes No
If Yes What Class? Number:
- Are you able to work the rostered hours and any overtime as required, i.e. Extra Booking Yes No
- Do you have commitments which may prevent you from attending you place of employment during normal working hours or affect your ability for overtime. (e.g. sports, hobbies) Yes No
If Yes Please give full detail:
- Are you a member of a territorial force or unit or volunteer fire brigade? Yes No
- Have you ever been charged or convicted of a criminal offence? Yes No
- Have you ever been involved with the Police? If yes please provide details Yes No
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- Do you have a legal right to work in NZ, wither permanent residence or valid work permit? (Evidence will be required if you are interviewed for the position) Yes No
- If your application is accepted, when could you commence employment?

HEALTH AND SAFETY

- Are you prepared to work as and where directed? Yes No
- Are you prepared to abide by safety and work rules? Yes No
- Do you smoke at work? Yes No

MEDICAL

- Have you ever suffered from any gradual process or overuse injuries eg RSI, OOS (Which includes Odonities, carpal tunnel syndrome, tennis elbow/ epicondylitis etc)? Yes No
- Do you have any condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for (noise, sensitive skin etc)? Yes No
- Have you ever suffered back injury or back strain? Yes No
- If you have answered yes to any of the above questions in this section please give details:-
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* I understand that I may be required to have a drug test at any time during my employment.
Signed.....

* I will provide if required, details of my ACC history. Signed:

DECLARATION (Full name) declare that to the best of my knowledge, the answers to the questions in this application are correct and I understand 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.

Date: Signature:

