



**BRADFORD**  
**PAINTING LTD**

70 Bremners Road PO Box 214 Ashburton 7740

P 03 308 9039 F 03 308 1191

painting@bradford.co.nz www.bradford.co.nz

## APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:.....

DATE:...../...../.....

Description of Duties:.....

Persons applying for a position as a:

1. **Learner:** It must be clearly understood that our training package is governed by our Employment Contract.
2. **Temporary Worker:** It must be understood that on any occasion where there is no work available due to operational requirements of the contract or weather that there is no requirement for the Company to offer work and that no payment of wages shall be made to an employee.

### SECTION 1 – PERSONAL INFORMATION

First Name (s): ..... Family Name:.....

Dependents: .....

Address: .....

Telephone Number:..... Age (where necessary):.....

Person to contact in an emergency:

Name: ..... Relationship: ..... Phone: .....

If you are known by any other names please record here: .....

### SECTION 2 – MEDICAL HISTORY

(All questions must be completed)

Have you ever suffered any injury which has resulted in you taking time off work?..... Yes / No

Are you allergic to, or have sensitivity to any substances or chemicals? ..... Yes / No

Have you ever suffered from any back injury or strain? ..... Yes / No

Have you ever suffered from any overuse injuries, eg :OOS? ..... Yes / No

Are you taking any drugs or medicine?..... Yes / No

Have you suffered any: Hearing Loss ..... Yes / No

Diabetes ..... Yes / No

Heart Complaint ..... Yes / No

Blackouts or fits / seizures ..... Yes / No

Asthma ..... Yes / No

Hernia ..... Yes / No

Colour Blindness ..... Yes / No

Dermatitis or Eczma ..... Yes / No

Do you have any other condition which may affect your ability to effectively carry out the functions

And responsibilities of the position applied for? ..... Yes / No

If yes, give brief details: .....

How many days absence claimed due to sickness in your last 12 months of employment?

0 - 2

3 - 5

6 - 10

11 - 15

16 - 20

over 20 days



### SECTION 3 – EDUCATION

**Name of Secondary School / College:** .....

Attended From: ..... To: .....

Qualifications: .....

.....

.....

School Reports (attach copies):.....

.....

Other comments you consider relevant:.....

.....

**Polytech or University Attended:** .....

Attended From: ..... To: .....

Qualifications: .....

.....

.....

**Other Training:** .....

First Aid: .....

Site Safe: .....

Other:: .....

.....

.....

### SECTION 4 – COMMUNITY

Hobbies: .....

.....

.....

Sports Participation: .....

.....

.....





### SECTION 5 – EMPLOYMENT HISTORY

Have you previously been employed by this Company or in this Industry? ..... Yes / No

Previous current employment (Start with the most recent position):

**Name of Employer (1):** ..... **Address:** .....

Length of Service: From: ..... To: ..... Position Held: .....

Nature of Work:.....

Reason for Leaving:.....

**Name of Employer (2):** ..... **Address:** .....

Length of Service: From: ..... To: ..... Position Held: .....

Nature of Work:.....

Reason for Leaving:.....

**Name of Employer (3):** ..... **Address:** .....

Length of Service: From: ..... To: ..... Position Held: .....

Nature of Work:.....

Reason for Leaving:.....

Do you agree to inquiries being made, as to the accuracy of information contained in this application form, or any matter relating to your suitability for employment from your:

Present Employer:.....Yes / No      Past Employer:.....Yes / No      Other People:.....Yes / No

**REFEREES: (please give details of referees that you authorize us to contact)**

**Name (1):** ..... **Telephone:** ..... **Email:** .....

Occupation / Position Held : .....

Comments (Office Only) .....

**Name (2):** ..... **Telephone:** ..... **Email:** .....

Occupation / Position Held : .....

Comments (Office Only) .....

**Name (3):** ..... **Telephone:** ..... **Email:** .....

Occupation / Position Held : .....

Comments (Office Only) .....



### SECTION 6 – GENERAL

Do you intend to engage in other paid work whilst employed in this position?..... Yes / No

Do you have a current Drivers License?..... Yes / No

If Yes - License Number: ..... What class: .....

Have you ever been charged or convicted of a criminal offense?..... Yes / No

If Yes, give brief details:.....

Do you have any commitments, which may prevent you from attending your place of employment during ordinary working hours, or affect your availability for overtime?..... Yes / No

If Yes, give brief details:.....

Are you a member of a Territorial Force unit or Volunteer Fire Brigade?..... Yes / No

Do you smoke at work?..... Yes / No

Have you worked shifts before?..... Yes / No

Are you prepared to work shifts?..... Yes / No

Are you prepared to work overtime?..... Yes / No

Do you have the right of permanent residence in New Zealand or a valid work permit?..... Yes / No

If your application is accepted when could you commence employment? .....

### SECTION 7 – DECLARATION

I ..... (Full Name) declare that to the best of my knowledge, the answer's to the information requested in this application are correct.

I clearly understand that if I have given false information this application may not be accepted and, if at a later date it is established that false information was provided by me, I accept that my employment maybe at risk.

I have read the job description and fully understand the type of work and conditions of employment applicable to the position and am prepared to enter into an Employment Contract with the Company.

As a Learner, I clearly understand that my training package will be governed by the terms of my Employment Contract.

As a Temporary worker, I understand that on any occasion where there is no work available due to either operational requirements of the contract or weather that there is no requirement for the Company to offer work and that no payment of wages shall be made to me.

Signature:..... (applicant)

Date...../...../.....

Signature:..... (interviewer)

Date...../...../.....