



APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____ DATE: ____/____/____

SECTION 1 – PERSONAL INFORMATION

First Name (s): _____ Family Name: _____

Address: _____

E-mail: _____

Telephone Number(s): _____ Date of Birth: ____/____/____

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 to any of the above questions, 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 or School References (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 and how you spend your leisure time _____

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:.....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 or vape during work hours?..... 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

Are you prepared to work away from home, remaining out of town overnight?..... Yes / No

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

Please provide a copy of your passport if you are a permanent resident or have a work visa

When are you available to 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.

Signature: _____ (applicant)

Date ___ / ___ / ___

Signature: _____ (interviewer)

Date ___ / ___ / ___