



CONFIDENTIAL: To be completed personally by job applicant.

Application for Employment

Note: The completion of this form does not indicate any obligation on the company to employ the applicant.

Purpose: This information is collected for the purpose of assessing your suitability for employment at Bruce Buchanan Ltd which may include subsequent changes in employment with the company. This form will be kept in accordance with Privacy Act.

PLEASE PRINT USING CAPITAL LETTERS:

Date of Application	
Position applied for	
Family name	
Given names (underline the name you use)	
Other names by which you are known	
Contact address	
Home phone no	
Mobile	

Have you reached the current school leaving age (16 years)		YES / NO
Are you legally entitled to work in New Zealand?		YES / NO
NZ Citizen		YES / NO
Permanent resident		YES / NO
Current work permit		YES / NO
Highest Achievement at School		YES / NO
Do you have any other qualifications / certificates / licences or attended any courses? (Give details)		
Please describe the skills you hold which are relevant to the position applied for.		

LICENCES

Please circle the New Zealand licences you have and the level of experience.

Licence Number: _____ Version Number: _____

Please attach a copy of your licence.

Type			Learner	Restricted	Full
Class 1	Car licence 4500kg or less		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class 2	Medium rigid vehicles 15001kg or less		<input type="checkbox"/>		<input type="checkbox"/>
Class 3	Medium combinations 250001kg or less		<input type="checkbox"/>		<input type="checkbox"/>
Class 4	Heavy rigid vehicles 15000 kg or more		<input type="checkbox"/>		<input type="checkbox"/>
Class 5	Heavy combination vehicles 15000 kg or more		<input type="checkbox"/>		<input type="checkbox"/>
Class 6	Motorcycle		<input type="checkbox"/>		<input type="checkbox"/>
W	Wheels endorsement	<input type="checkbox"/>			
T	Tracks endorsement	<input type="checkbox"/>			
R	Rollers endorsement	<input type="checkbox"/>			
D	Dangerous goods endorsement	<input type="checkbox"/>			
F	Forklift endorsement	<input type="checkbox"/>			

Please indicate the years and levels of experience you have in operating the following vehicles and machines.

Digger:	
Grader:	
Loader:	
Roller:	
Tractor:	
Truck:	
Truck and trailer:	
Transporter:	
Other (please specify):	
In the past five (5) years, has your driver's licence at any time been cancelled or suspended? If yes, please detail.	
Y/N	Details
Have you incurred any speeding fines or other infringements in the past three (3) years? If yes, please detail.	
Y/N	Details

Have you been involved in any vehicle crashes in the past three (3) years? If yes, please detail.	
Y/N	Details
Have you ever been disqualified from driving due to alcohol or drug-related offences? If yes, please detail.	
Y/N	Details

EMPLOYMENT HISTORY

Have you ever worked for this company or any associated company before?		YES / NO
If yes, where and when?		
Do you have secondary employment?		YES / NO
If yes, please detail.		

Please detail your Employment History beginning with your current or most recent employer

Company		Address	
Position held		From	To
Hours worked per week			
Main duties			
Reason for leaving			

Company		Address	
Position held		From	To
Hours worked per week			
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Company		Address	
Position held		From	To
Hours worked per week			

Main duties	
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**

HEALTH:

EXCELLENT		GOOD		AVERAGE		POOR	
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Do you suffer any recurring injuries or illness i.e. asthma, back or overuse injuries? Details: _____ _____	YES/NO
Are you allergic to or have sensitivity to any substances or chemicals?	YES/NO
Are you drug and alcohol free during working hours?	YES/NO
Do you have any health related issues (including stress) that may impact on your ability to perform the tasks listed in the job description and/or task? If yes, please detail: _____	YES/NO
If you are offered employment, the offer may be made subject to your obtaining a full medical clearance (by completion of 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 in accordance with the health and safety in Employment act 1992, if applicable?	YES/NO
Give details of all previous work and non-work accidents and state whether compensation was paid:	

GENERAL

Are you prepared to work shifts?	YES/NO
Have you worked shifts before?	YES/NO
Are you prepared to work overtime if required	YES/NO
Have you ever brought a personal grievance against a previous employer? If yes, please detail:	YES/NO
Have you been the subject of a diversion ordered by the courts?	YES/NO
Are you awaiting the hearing of any criminal charges? If yes, please detail:	YES/NO
Do you have any civil legal proceedings against you pending? If yes, please detail:	YES/NO
Are you able and prepared to handle all products, materials, or equipment used in the industry?	YES/NO
Do you have a spouse, partner, or relative working here or elsewhere in the same industry? If yes, who? Where?	YES/NO
What transport arrangements do you have to attend your place of employment?	
What are your interest/hobbies/sports/clubs or community activities?	

PRIVACY ACT CONSENT

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 that may arise with this 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 enclosed is accurate 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 may be terminated. [I further understand that any offer of employment if made is conditional on my obtaining a full medical clearance.]

REFEREES

Give name, address and telephone numbers of at least two referees.

Name:	Company:	Position :	Phone No

If your application is successful when could you commence employment?

This consent is necessary for compliance with the privacy act.

I Consent to the company seeking verbal or written information on a confidential basis about me from representatives of my previous employers and /or referees and authorise the information sought to be released by them to the company for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the company is supplied in confidence as evaluative material and will not be disclosed to me.

Signature: _____

Date: _____