

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): _____

Give details of other names you are known by: _____

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 _____

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: _____

CLASS	LEVEL Learner/restricted/full	SKILL LEVEL	SKILL LEVEL	SKILL LEVEL	YEARS EXPERIENCE
1		good	average	None	
2		good	average	None	
3		good	average	None	
4		good	average	None	
5		good	average	None	
6		good	average	None	
W		good	average	None	
T		good	average	None	
R		good	average	None	
DG		good	average	None	
F		good	average	None	

(PLEASE ATTACH A PHOTOCOPY OF YOUR LICENCE.)

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

If yes, details _____

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: _____

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? **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 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

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EMPLOYMENT HISTORY

Present or most recent employer

Company: _____

Address: _____

Job held: _____

Main duties: _____

No. of hours worked per week: _____ Length of service: _____

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 of hours worked per week: _____ Length of service: _____

Reason for leaving: _____

Give details of any other job which may be relevant: _____

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: _____

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? **YES / NO**

If yes, please detail: _____

Have you been the subject of a diversion ordered by the courts? **YES / NO**

Are you awaiting the hearing of any criminal charges? **YES / NO**

If yes, please detail: _____

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

If yes, please detail: _____

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? **YES / NO**

If yes, who? _____

Where? _____

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	Position	Address	Phone No.
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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: _____