

# Employment Application Form

APPLICATION DETAILS	
<b>Applicants full name</b>	
<b>Date of application</b>	
<b>Position applied for</b>	

**Please Note:** This is a confidential document to be completed by the applicant.

This application form is a source of information which will be used by the Company to assist it in considering your suitability to the position for which you are applying. If successful, such information shall form part of the Company's personnel records. Failure to supply the information requested may prejudice the Company's ability to assess your suitability for the position.

The completion of this form does not indicate that there is any obligation on the Company to engage the applicant. The above information is provided in accordance with the Privacy Act 1993.

You are entitled to access this information upon request from the Company Secretary, where the information is held. This information is currently held at the Company's Marsden Point Administration Office.

APPLICANT'S PERSONAL DETAILS			
<b>Status</b>	Mr/ Mrs / Ms / Miss <i>(Please Circle)</i>	<b>Date of Birth:</b>	
<b>Given Name/s</b>			
<b>Surname</b>			
<b>Current Address</b>			
<b>Email Address</b>			
<b>Home Phone</b>		<b>Mobile Phone</b>	

## ENTITLEMENT TO WORK IN NEW ZEALAND

Please indicate which of the following apply to your situation:

- *Production of passport is required for verification on employment*

New Zealand or Australian citizen

New Zealand Permanent Resident Visa

New Zealand Resident Visa

Expiry Date:

New Zealand Work Visa

Expiry Date:

## EDUCATION

Name of Institution

Year Completed

Qualifications

## LICENCES & TRANSPORT

*Please complete this section and attach a photocopy of your drivers' licence / forklift certification.*

Licence Type

New Zealand / Other > *(Please circle)*

Other

Licence Number

Expiry Date

Licence Class/es

1L / 1R / 1F / 2 / 3 / 4 / 5 / 6

*(Please circle)*

Licence Endorsement/s

F / R / T / W / D / V / I / O / P

Own Vehicle?

YES / NO

*(Please circle)*

## EMPLOYMENT HISTORY

*Please show most recent employer first*

**Date Started (1)**

**Date Finished**

**Name of Employer**

**Location/Address**

**Main Duties**

  

**Reason for Leaving**

**Date Started (2)**

**Date Finished**

**Name of Employer**

**Location/Address**

**Main Duties**

  

**Reason for Leaving**

**Date Started (3)**

**Date Finished**

**Name of Employer**

**Location/Address**

**Main Duties**

  

**Reason for Leaving**

**Why do you think you are suitable for this position? Continue on a separate sheet if necessary**


**Tell us about yourself. Continue on a separate sheet if necessary**


**REFEREES**

*Please provide at least two (2) work referees. You hereby consent to the Company seeking verbal/written information about you from your referees.*

**Referee 1 Full Name**

**Company**

**Position**

**Phone Number**

**Referee 2 Full Name**

**Company**

**Position**

**Phone Number**

GENERAL INFORMATION	
If your application were successful when could you start?	DATE:
Are you prepared to work shifts?	YES / NO
▪ If <b>NO</b> , please explain.	
Are you prepared to work overtime if required?	YES / NO
▪ If <b>NO</b> , please explain.	
Have you ever had your licence suspended or disqualified?	YES / NO
▪ If <b>YES</b> , please explain.	
Do you have any demerit points?	YES / NO
• If <b>YES</b> , how many?	
Are you prepared to handle all products, materials, or equipment used in this industry?	YES / NO
• If <b>NO</b> , please explain.	

MEDICAL INFORMATION	
Do you agree to undergo a medical examination and drug test?	YES / NO
Do you have a hearing disability?	YES / NO
▪ If <b>YES</b> , please detail:	
Do you have allergies to dust? (for example wheat, soya, palm kernel, coal, tapioca, sorghum)	YES / NO
▪ If <b>YES</b> , please detail:	
Are you presently receiving medical treatment and/or medication?	YES / NO
▪ If <b>YES</b> , please detail:	
Have you ever been off work for more than 2 weeks on ACC?	YES / NO
▪ If <b>YES</b> , please detail:	
Have you had an accident or injury that may affect your ability to carry out the functions and responsibilities of the position applied for?	YES / NO
▪ If <b>YES</b> , please detail:	

## CRIMINAL RECORDS

Have you ever been convicted of a criminal offence, with the exception of those protected by the Criminal Records (Clean Slate) Act 2004? **YES / NO**

- If **YES**, please provide specific details.

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

- If **YES**, please provide specific details.

Do you agree to Northport obtaining a copy of your criminal record?  
*(Please note this is a requirement in order to be considered for positions with Northport)* **YES / NO**

Do you agree to sign any necessary authorisation forms to enable a criminal records check to be conducted? **YES / NO**

## PRIVACY STATEMENT

If unsuccessful in this application, do you consent to the Company retaining the information contained in this application for the purposes of considering your suitability for any other position, which may arise with this Company in the future? **YES / NO**

Do you consent to the Company retrieving information from the NZ Transport Agency about the status of your NZ Drivers Licence? **YES / NO**

## DECLARATION

I declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment could be terminated.

Signed

Dated

**OFFICE USE ONLY**

**REFERENCE CHECKING**

Name of Referee

Comments


Name of Referee

Comments


**RECRUITMENT PROCESS DETAILS**

	Completed <input checked="" type="checkbox"/>	Date Completed	Signed
Interview	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pre-employment ACC Check	<input type="text"/>	<input type="text"/>	<input type="text"/>
Criminal Records Check	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Check	<input type="text"/>	<input type="text"/>	<input type="text"/>
NZTA (Licence) Check	<input type="text"/>	<input type="text"/>	<input type="text"/>