

## EMPLOYEE APPLICATION

First Name(s): \_\_\_\_\_

Last Name: \_\_\_\_\_

Partner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Next Of Kin: \_\_\_\_\_

\_\_\_\_\_  
(Name/address/contact phone number of a person to be contacted in the event of an emergency)

### DRIVER'S LICENCE:

Drivers Licence Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Classes of Licence Currently Held:

- |  |                                  |                                     |                               |
|--|----------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Class 1 (Car licence 4500kg or less)            | <input type="checkbox"/> Learner | <input type="checkbox"/> Restricted | <input type="checkbox"/> Full |
| <input type="checkbox"/> Class 2 (Medium rigid vehicles 15001kg or less) | <input type="checkbox"/> Learner | <input type="checkbox"/> Full       |                               |
| <input type="checkbox"/> Class 3 (Medium combination 25001kg or less)    | <input type="checkbox"/> Learner | <input type="checkbox"/> Full       |                               |
| <input type="checkbox"/> Class 4 (Heavy rigid vehicles 15000kg or more)  | <input type="checkbox"/> Learner | <input type="checkbox"/> Full       |                               |
| <input type="checkbox"/> Class 5 (Heavy combinations 15000kg or more)    | <input type="checkbox"/> Learner | <input type="checkbox"/> Full       |                               |
| <input type="checkbox"/> D (Dangerous goods endorsement)                 |                                  |                                     |                               |
| <input type="checkbox"/> F (Forklift endorsement)                        |                                  |                                     |                               |
| <input type="checkbox"/> R (Roller endorsement)                          |                                  |                                     |                               |
| <input type="checkbox"/> T (Tracks endorsement)                          |                                  |                                     |                               |
| <input type="checkbox"/> W (Wheels endorsement)                          |                                  |                                     |                               |

Attach photocopy of licence(s).

Division of Company/Position applied for: (please tick boxes that apply)

	Machine Operator	Driver	Mechanic	Labourer	Office	Other
Construction						
Quarries						
Ready-Mix						
Transport						
Workshop						
Panelshop						
Retail						
Administration						

**EDUCATION:**

Name of Secondary School(s) attended: From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Qualifications (School Certificate, University Entrance, Subjects): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Qualifications obtained (Polytechnic/University/Apprenticeship): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the Skills/Training you hold which are relevant to the position applied for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VEHICLE/MACHINERY EXPERIENCE:**

Please indicate the number of years and level of experience you have had in operating the following vehicles/machines:

Digger \_\_\_\_\_

Grader \_\_\_\_\_

Loader \_\_\_\_\_

Roller \_\_\_\_\_

Tractor \_\_\_\_\_

Truck \_\_\_\_\_

Truck & Trailer \_\_\_\_\_

Transporter \_\_\_\_\_

Other \_\_\_\_\_

**DRIVING EXPERIENCE:**

In the past 5 years, has your driving licence at any time been cancelled or suspended? Yes/No

If Yes, please detail. \_\_\_\_\_  
\_\_\_\_\_

Have you incurred any speeding fines or other traffic infringements in the past 3 years? Yes/No

If Yes, please detail. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in any vehicle accidents in the past 3 years? Yes/No

If Yes, please detail. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been disqualified from driving due to alcohol or drug-related offences? Yes/No

If Yes, please detail. \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:**

Have you ever been employed by this company or in this industry? Yes/No

Start with current/most recent employer

1. Company \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Position Held \_\_\_\_\_

Main Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Company \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Position Held \_\_\_\_\_

Main Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Company \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Position Held \_\_\_\_\_

Main Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

4. Company \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Position Held \_\_\_\_\_

Main Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## OCCUPATIONAL SAFETY AND HEALTH

Because of an Employer's liability under the Accident Compensation Act, we require the following declaration to be completed:

I, \_\_\_\_\_, hereby declare that, other than indicated below, I do not have any existing or previous medical conditions or injury(ies) that may affect my ability to work or my suitability for employment with Wharehine Contractors Ltd.

Yes      No (*Indicate as applicable*)

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Dermatitis or other skin allergy condition          |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma or other respiratory problem                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Back/shoulder/neck/arm/leg strain or overuse injury |
| <input type="checkbox"/> | <input type="checkbox"/> | Nervous/mental disorder                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing or sight problems                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Drug or alcohol dependency                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (specify)                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy  |

Please list any other medical issues that we need to be made aware of:

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Please give details of all previous work/non-work accidents - state if ACC compensation was claimed.

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PRIVACY ACT: I hereby authorise the Managing Director of Wharehine Contractors Ltd, or his Agent, access to my Personnel File and to any ACC information as required for employment-related matters.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: Failure to disclose a medical condition could affect your eligibility for Accident Compensation in the event of aggravation of that condition during your employment.*

I certify that the above is a true and correct record:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## GENERAL

Are you legally entitled to work in New Zealand Yes/No

Which of the following do you have?

New Zealand Citizenship Yes/No

New Zealand Residency Yes/No

Work Visa/Permit Yes/No

Expiry date of Visa/Work permit (where relevant) \_\_\_\_\_

Evidence of eligibility for employment in New Zealand will be required prior to any offer of employment.

Are you prepared to work overtime? Yes/No

Have you ever been charged with or convicted of a criminal offence either in New Zealand or overseas that is not concealed under the Clean Slate legislation? Yes/No

Are you awaiting the hearing of charges in any Civil or Criminal Court of law? Yes/No

If yes, further information relevant to potential employment may be sought at any subsequent interview.

## REFEREES

Please give details of any work related referees that you authorise us to contact.

Name and Job Title \_\_\_\_\_

Company \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Position of Referee in relation to you \_\_\_\_\_

Name and Job Title \_\_\_\_\_

Company \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Position of Referee in relation to you \_\_\_\_\_

Name and Job Title \_\_\_\_\_

Company \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Position of Referee in relation to you \_\_\_\_\_

## Declaration – please read carefully and sign

I authorise Wharehine Contractors Ltd to obtain information from nominated referees concerning my suitability for employment and release such person from liability from any claims which may arise from the provision of such information. I further declare that the information I have provided in this Application Form is correct. I understand that should I be successful in my application, falsification or deliberately misleading information or suppression of information will be grounds for instant dismissal.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

*NOTE: This information is being collected for the purpose of assessing your suitability for employment, and **will be kept confidential**. This application does not guarantee employment. WHAREHINE CONTRACTORS Ltd is an equal opportunity employer, and nothing in this application form implies that any unlawful reason will be taken into account in assessing your suitability for employment.*