



## **EMPLOYMENT APPLICATION FORM**

Attached is an Application for Employment form, which you are requested to personally complete.

The 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 would prejudice the Company's ability to assess your suitability for the position.

You are entitled to access this information upon request to the Company's Privacy Officer where the information is held.

This location is currently:

C/- Mrs S. Hughes  
C3 Limited  
Maritime House  
10 Rata Street  
MOUNT MAUNGANUI  
Ph. (07) 572 8972

Note: Information relating to unsuccessful applicants shall be destroyed by the Company.

The above information is provided in accordance with the Privacy Act 1993.

**CONFIDENTIAL**

## APPLICATION FOR EMPLOYMENT

**Note:** The completion of this form does not indicate that there is any obligation on the Company to engage the applicant.

**Purpose:** This information is collected for the purpose of assessing your suitability for employment by C3 Limited, which may include subsequent changes in employment with the Company.

**DATE OF APPLICATION** .....

**POSITION APPLIED FOR** .....

### PERSONAL DETAILS

Mr                      Mrs                      Ms                      Miss

**SURNAME** .....

**GIVEN NAMES** .....  
Underline preferred name

.....

**TELEPHONE** .....

Work

Home

.....

Mobile

**DATE OF BIRTH** .....

(Date/Month/Year)

### RESIDENT STATUS

Are you a citizen of New Zealand? YES / NO

If no, do you have the right of permanent residence? YES / NO

If no, do you have a work permit (documentary verification could be required)? YES / NO

Are you an assisted immigrant under bond to the government or any other employer?  
YES / NO

If yes, do you have the authority to accept other employment? YES / NO

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**EDUCATION** (Including university, further education, etc where applicable)

NAME OF SECONDARY SCHOOL(S) ATTENDED TO FROM

.....  
.....

QUALIFICATIONS (School Certificate, University Entrance etc, include subjects)

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.....  
.....

OTHER QUALIFICATIONS

.....  
.....  
.....

Can you speak any language other than English?.....

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**APPRENTICESHIP** (For trades persons only)

Do you have your apprenticeship papers? YES / NO

In what trade were you apprenticed? .....

What was the name and address of your employer? .....

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What trade qualifications do you hold? (i.e. Trade Certificate, Advanced Trade Cert. etc)

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**EMPLOYMENT HISTORY**

**PRESENT OR MOST RECENT EMPLOYER**

FROM ..... TO ..... COMPANY.....

ADDRESS.....

JOB HELD.....

MAIN DUTIES.....

.....

REASON FOR LEAVING.....

For the purpose 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**

FROM ..... TO ..... COMPANY.....

ADDRESS.....

JOB HELD.....

MAIN DUTIES.....

.....

REASON FOR LEAVING.....

**NEXT MOST RECENT EMPLOYER**

FROM ..... TO ..... COMPANY.....

ADDRESS.....

JOB HELD.....

MAIN DUTIES.....

.....

REASON FOR LEAVING.....

Give details of any other job that may be relevant

.....  
.....  
.....

Have you worked for this company before? YES / NO

If yes, when and where?.....

Do you have secondary employment? YES / NO

If yes, please give details .....

.....

**REFEREES**

Please give the name, address and telephone numbers of at least two referees.

NAME .....

POSITION .....

ADDRESS .....

PHONE NUMBER .....

NAME .....

POSITION .....

ADDRESS .....

PHONE NUMBER .....

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 I am applying for. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.

YES / NO

If yes, Signature..... Date .....

If your application is successful when could you commence employment?.....

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**GENERAL**

Are you prepared to work shifts if required to do so? YES / NO

Have you worked shifts before? YES / NO

Are you prepared to work overtime if required? YES / NO

Have you been convicted of a criminal offence? YES / NO

Note: If you are eligible under the Criminal Records (Clean Slate) Act 2004 your convictions can be withheld.

Are you awaiting the hearing of charges in a civil or criminal court of law? YES / NO

Do you have a current drivers licence? YES / NO

If yes complete Licence form

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**MEDICAL**

As part of the recruitment process and (if employed) during the term of your employment with the company do you agree to undergo a medical examination and drug test if required?

YES / NO

Are you at present receiving medical treatment and/or medication? YES / NO

If yes, please give details .....

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Are you allergic to, or have any sensitivity to any substances or chemical? YES / NO

Do you require corrective lenses or contact lenses? YES / NO

Do you have any hearing disability? YES / NO

Have you ever suffered from a back injury requiring time off work? YES / NO

If yes, please give details .....

.....

Have you claimed accident compensation in the last 5 years? YES / NO

If yes, please give details .....

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State any serious injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

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In your past employment have you had excessive exposure to:

- |                      |          |
|----------------------|----------|
| Noise                | YES / NO |
| Solvents             | YES / NO |
| Skin irritants       | YES / NO |
| Infectious materials | YES / NO |

If yes to any of the above, please details .....

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Do you consent to the Company retaining the information contained in this application form for the purpose of considering your suitability for any other position that may arise with this Company in the future.

YES / NO

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**DECLARATION**

I, \_\_\_\_\_ (full name), 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 will be terminated. I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.

If my application is successful and upon accepting employment I agree to the following conditions:

1. I will abide by the Company's policies, rules and regulations.
2. I understand that from time to time, by agreement I may be required to transfer to an alternative or equivalent position.
3. I will abide by the Company's Health and Safety Policy and use all safety equipment provided when appropriate.

Signed..... Date .....

**DRIVERS LICENCE DETAILS**

It is a requirement for the Company to hold a copy of your current licence on our employee records.

We also provide this information to the Land Transport Safety Authority (LTSA), which is loaded onto our Driver Data Base. LTSA then advise us of any changes to the status of the licence.

Please indicate your acceptance for the company to do this by signing in the space provided. Please attach a photocopy (both sides) of your licence to this form.

Name .....

Date of Birth .....

Licence Number .....

Card Version Number .....

Classes .....

Endorsements .....

Issue Date .....

Expiry Date .....

Signature .....Date .....