**Application for Employment**

**CONFIDENTIAL**

**Purpose:** This information is requested for the purpose of assessing your suitability for employment at Central Demolition Ltd which may include subsequent changes in employment with the company.

**Notes**: 1 The completion of this form does not indicate any obligation on the companyto employ the applicant

2 This form is to be completed personally by the job applicant

3 This form will be kept in accordance with the Privacy Act.

1. **APPLICANT DETAILS**

(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 |  |
| Mobile and Home phone no |  |
| Email address |  |

|  |  |  |
| --- | --- | --- |
| Are you legally entitled to work in New Zealand? |  | **YES / NO** |
| NZ Citizen |  | **YES / NO** |
| Permanent resident |  | **YES / NO** |
| Current work permit |  | **YES / NO** |
| Do you have any other qualifications / certificates / licenses or attended any courses? (Give details and provide evidence) | | |
|  | | |
| Please describe the skills you hold which; are relevant to the position applied for: | | |
|  | | |

1. **DRIVERS LICENCES**

Please provide comment on the New Zealand licenses you have and the level of experience.

License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Version Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Comment: |
|  |
|  |

**Please attach a copy of your license.**

|  |  |
| --- | --- |
| In the past five (5) years, has your driver’s license 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* |

1. **EMPLOYMENT HISTORY**

|  |  |  |
| --- | --- | --- |
| Have you ever worked for this company or any associated company before? | | **YES / NO** |
| If yes, where, and when |  |  |
|  | |  |
| Do you have any other employment that you may want to continue if you are successful with this application? | | **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 |  | | |
| Main duties |  | | |
| Reason for leaving |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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**

1. **HEALTH**

Please circle what you believe to be your general level of health:

|  |  |  |  |
| --- | --- | --- | --- |
| **EXCELLENT** | **GOOD** | **AVERAGE** | **POOR** |

Do you suffer any recurring injuries or illness e. asthma, epilepsy, back or overuse injuries etc.?

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 2015, if applicable? **YES / NO**

Do you consent to undergo a drug and alcohol test if you are offered employment? **YES / NO**

Give details of all previous work and non-work accidents and state whether compensation was paid

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

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1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any prior criminal convictions in New Zealand or overseas? **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? **YES / NO**

If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What transport arrangements do you have to attend your place of employment?

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What are your interests/hobbies/sports/clubs or community activities?

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

1. **CONSENT**

**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. If any information provided in this application changes for any reason, I understand I have a duty to also inform Central Demolition of the changes. [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 authorize 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to [wayne@centraldemolition.co.nz](mailto:wayne@centraldemolition.co.nz)

If you have any questions call Wayne on 0274 777 078