



Group Ltd



APPLICATION FOR EMPLOYMENT

Position applied for: _____

Permanent/Casual/Part-time (Delete those not applicable)

Available to commence: _____

PERSONAL DETAILS

NAME: _____
(Surname/Family name) (Christian/Given names)

ADDRESS: . _____

Contact Details: Phone _____ Email _____

Are you over 20? YES NO (Date of birth: _____)

Are you a New Zealand citizen: YES NO

Do you have permanent residence status: YES NO

Are you legally entitled to work in NZ YES NO

Holding a Work Permit YES NO
If Yes details _____

Do you hold a current New Zealand Drivers Licence? YES NO

What Licence classes do you hold? _____

Do you hold a Forklift licence? YES NO

Do you have a current hazardous substances endorsement YES NO

Do you currently have any demerit points? YES NO

<p>Have you had a criminal conviction YES NO (you are not required to answer this question if you meet the criteria of eligibility under The Criminal Record (Clean Slate) Act 2004)</p> <p>If you answered 'YES' to the above questions, please provide full details:</p>
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EMPLOYMENT HISTORY

Current employment:

Current employer:

Phone number:

Position held:

Dates:

Reason for leaving:

Can we contact the Employer YES NO

Previous Employer:

Phone number:

Position held:

Dates:

Reason for leaving:

Can we contact the Employer YES NO

Please give details of 3 referees who may be contacted. Give 2 recent work related referees and 1 personal referee.

1. _____

2. _____

3. _____



Medical History

Do you wear spectacles or contact lenses: YES NO

Do you smoke: YES NO

Are you taking drugs or medicine: YES NO

Have you ever suffered any injury, which has resulted
In you taking time of work YES NO

How many days' absence claimed due to sickness in
Your last 12 months of employment: 0 - 5
6 - 10
10 - 15
Over 16 days

Have you ever suffered any back injury or back strain: YES NO

Have you made any claim to ACC for any injury,
illness or condition: YES NO

Do you agree to the Company accessing your ACC file in order to assess any
history of ACC claims which might affect your ability to perform the tasks
associated with the position applied for? YES NO

Are you allergic to, or have sensitivity to any substances
or chemicals: YES NO

Have you ever suffered any: Heart complaints YES NO
High blood pressure YES NO
Blackouts, fits, seizures YES NO
Diabetes YES NO
Asthma YES NO
Hernia YES NO
Colour blindness YES NO
Hearing loss YES NO
Dermatitis or Eczema YES NO
Any allergies YES NO

Do you have any other medical condition, which may effect
your ability to carry out the position applied for: YES NO

If you answered 'YES' to the above questions, please provide full details:

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Group Ltd



DECLARATION

I, (Print full name) declare that to the best of my knowledge, the answers to the questions in this application are correct, and I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed.

I irrevocably authorise you or your agent to contact the named referees of all my previous / current employers, including any employers that I have not nominated on this application.

If the named referee is not authorised to speak on behalf of the Company, or not available, enquiries can be made with the manager or duly authorised person.

I further accept that if I am successful in this application and commence employment with the Company, the information contained herein and any other information gathered in the course of my employment will be available to management. In addition I clearly understand that my employment does not commence until I have signed my employment Agreement.

Signature of Applicant: Date:

Application reviewed and authorised for vetting by MGL Director

MGL Director Signature: Date: