



**CONFIDENTIAL**

*To be completed personally by applicant*

## ***APPLICATION FOR EMPLOYMENT FORM***

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

Please answer the following questions in relation to your application for employment, which will assist SouthRoads Limited to assess your suitability for the position. The questions being asked are relevant to the nature and type of work undertaken in SouthRoads Limited and comply with the rights and obligations under legislation, including the Immigration Act 1987, the Health and Safety in Employment Act 1992, and the Human Rights Act 1993. The information will be used by SouthRoads Limited to assess you for this purpose only.

*Please print*

### **SECTION 1: GENERAL DETAILS**

Date:.....

Position applied for:

#### ***Personal details***

Surname: .....

Forenames: .....

Home address: .....

.....

Daytime contact phone no: .....

Evening contact phone no: .....

Mobile contact phone no: .....

E-mail address: .....

Do you hold a current drivers license:.....Yes/No

If yes, please list classes and restrictions:.....

**SECTION TWO: QUALIFICATIONS AND EMPLOYMENT HISTORY**

List all formal qualifications you have achieved which are relevant to this position:

Qualification	Length of study (give dates)	Relevant papers/subjects

List any other relevant training that you have completed:

Course	Length of study (give dates)	Description

Provide details of your present and previous employment

Name and address of employer	Duration of employment	Position and main duties	Reason for leaving

Have you ever been dismissed or left before being dismissed in previous employment?  
Yes/No

If yes, please give details: .....

.....

**SECTION THREE: LEGAL REQUIREMENTS**

Are you legally entitled to work in NZ? .....Yes/No

If you are legally entitled to work because you have a work permit, please indicate when that permit expires. [if successful in your application, we will request a copy of your work permit.]

Expiry Date:.....

**SECTION FOUR: DISABILITIES OR MEDICAL CONDITIONS**

Note: The Human Rights Act 1993 defines disability as; physical disability or impairment; physical illness; psychiatric illness; intellectual or psychological disability or impairment; the presence in the body of organisms capable of causing illness; any other loss or abnormality of a body or mind function; and reliance on a guide dog, wheelchair or other remedial means.

4a If you will be involved in hazardous work, you are bound to inform us of any condition that may affect safety on the job. Do you have any disability or medical condition that would affect your ability to effectively carry out the tasks and responsibilities described in the job specification?

Yes/No

If yes, please provide details (please include any services or facilities which would allow you to carry out this role satisfactorily?)

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

4b Do you agree to undergo medical examination if required (paid for by the company). This will include drug and alcohol testing.

Yes/No

4c Do you have or have you had any injury or medical condition caused by a gradual process, disease or infection which may be aggravated by the function and responsibilities of the job for which you have applied, and as it is described in the attached job specification?

Yes/No

4d Do you have any present or past injury for which you may or may not have claimed ACC and/or other insurance cover, likely to be aggravated by the job you have applied for?

Yes/No

4e Have you ever been on ACC for any period of longer than one week?

Yes/No

4f **Have you ever suffered from or been treated for:**

Hearing Disorder Yes/No

Visual Impairment (other than extremely minor) Yes/No

Serious Injury Accident Yes/No

Work Related Injury Yes/No

Respiratory Disorder Yes/No

Drug/Alcohol Dependency Yes/No

Gout	Yes/No
Dizziness/Blackouts	Yes/No
Diabetes	Yes/No
Nervous Disorders or Mental Illness	Yes/No

4g If you have answered Yes to any of the above, please provide details:

.....

.....

.....

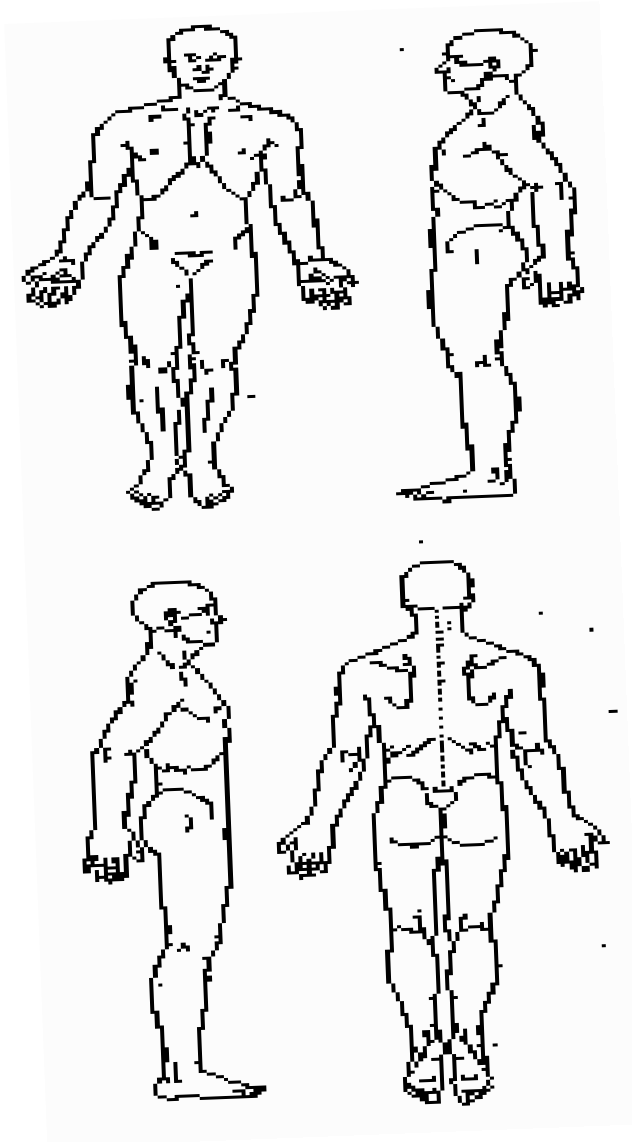
.....

4h Have you suffered from or been treated for any injury to your neck, shoulders, back, hips, knees or ankles? Please detail and mark the attached drawing (on the next page) accordingly.

Yes/No

4i The following is a diagram of the human body. Please use all four diagrams to indicate areas of injury or discomfort.

- (i) Shade in areas of pain
- (ii) Show arrows if pain moves
- (iii) Show bruising or marks



**Please give an explanation below**

When did the injury occur?.....

What was the cause?  
.....

What treatment are you/have you been receiving:  
.....  
.....

**SECTION FIVE: CRIMINAL AND BANKRUPTCY HISTORY**

I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

5a Have you ever been convicted of any criminal offence, particularly relating to dishonesty, e.g., fraud, misappropriation of funds, within the last seven years?  
Yes/No

5b Are you awaiting a hearing on any such charges?  
Yes/No

If you answered "Yes" to either 5a or 5b, then please give details:  
.....

5c Have you ever been declared bankrupt?  
Yes/No

If Yes, please give details:  
.....

**SECTION 6: GENERAL**

6a Do you intend to carry other paid work while employed in this position  
Yes /No

6b Are you likely to have any commitments which may prevent you from being at work during ordinary working hours, or affect your availability for overtime (eg sports, hobbies, special interests, education, training)?  
Yes/No

If Yes, please give details:  
.....

6c Are you a member of a territorial force unit or volunteer fire brigade?  
Yes/No

6d Do you have a spouse, partner, relative or household member working for this company or for a competitor of the company?  
Yes/No

6e Are you prepared to work overtime if required?  
Yes/No

6f Are you prepared to work shifts if required?  
Yes/No

6g If offered the position what date can you start work?  
.....

**Declaration and acknowledgement**

This information is being collected to enable SouthRoads Limited to assess your suitability for this position and will be used for this purpose only. If you fail or refuse to provide the information requested, then your application may be rejected by SouthRoads Limited. If you provide false or inaccurate information, this will be considered serious misconduct and may result in dismissal should you be employed by SouthRoads Limited. Please also note that any false information given in Section Four, entitled *Disabilities or Medical Conditions*, may result in your loss of entitlement to earnings related compensation.

The Privacy Act provides you with the right to request access to and/or correct the personal information about you held by SouthRoads Limited.

I \_\_\_\_\_ (full name) declare that to the best of my knowledge the information that I have provided is accurate and complete.

Signature: .....

Date: .....

**CONSENT TO CONTACT REFEREES:**

Applicant name: ..... Signature: .....

Position being sought: ..... Date: .....

I \_\_\_\_\_ (full name) consent to SouthRoads Limited or its representative 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 SouthRoads Limited for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by SouthRoads Limited is supplied in confidence as evaluative material and will not be disclosed to me.

Name: .....

Current position: .....

Relationship: .....

Company: .....

Contact numbers: .....(day)  
.....(mobile or evening number if appropriate)

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