

APPLICATION FOR EMPLOYMENT				
CONFIDENTIAL		To be completed personally by Applicant		
Date of Applica	ition:			
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 at which may include subsequent changes in			
	employment with the Company.			
		PLEASE PRINT		
POSITION APPI	IED FOR			
YOUR NAME		How do you like to be addressed:		
In block letters		Family Name:		
		Given Names (underline name used):		
		Are you known by any other name(s)?		
		Give details:		
YOUR CONTAC		Contact Address:		
AND TELEPHONE NUMBERS		Home Phone No: Other No. (If Any):		
AGE		Have you reached the current school leaving age (16 years)?	Yes/No	
LEGAL WORK S	TATUS	Are you legally entitled to work in New Zealand?	Yes/No	
		A New Zealand Citizen	Yes/No	
		A permanent resident	Yes/No	
		A holder of a current work visa	Yes/No	
EDUCATION	-	Name of secondary school(s) attended		
education, etc	where applicable			



	Qualifications (school certificate, university entrance) - (subjects)		
	Other Qualifications	Yes/No (Subjects)	
LANGUAGES	Can you hold an every day conversation in any langua	ge other than English?	
APPRENTICESHIP For trades positions only	Do you have your apprenticeship papers?	Yes/No	
· · · · · · · · · · · · · · · · · · ·	In what trade were you apprenticed?		
	What was the name and address of the employer?		
	Name Add	lress	
	What trade qualifications do you hold? (i.e. Trade Cert, Adet, etc)?	dvanced Trade Cert.,	
QUALIFICATIONS	Do you have any other qualifications/certificates/licences/ courses? (Give details).	or attended any	
	Please describe the skills you hold which are relevant to th (e.g. for a typist - typing speed, word processing capability etc).		
EMPLOYMENT HISTORY	Present or Most Recent Employer		
	Company:		
	Address:		
	Job Held:		
	Main Duties:		



No of hours worked per week:Length of service:
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
Next Most Recent Employer
Company:
Address:
Job Held:
Main Duties:
No of hours worked per week: Length of service:
Reason for Leaving:
Next Most Recent Employer
Company:
Address:
Job Held:
Main Duties:
No of hours worked per week: Length of service:
Reason for Leaving:
Give details of any other job which may be relevant:
Have you ever worked for this Company or an associated company before?Yes/No
If yes, where and when:
Do you have secondary employment? Yes/No
If yes, please detail:



REFEREES	Give name, address and telephone numbers of at least two referees.			
	Name	Position	Address	Phone No.
If your application is succes	sful when could you	commence employm	ent:	
GENERAL	Are you prepared	to work shifts if requ	ired to do so?	Yes/No
	Have you worked	shifts before?		Yes/No
	Are you prepared	to work overtime if r	equired?	Yes/No
		present criminal conv concealed under the		Yes/No
	Have you been th	e subject of a Diversic	on ordered by the Courts	? Yes/No
	Are you awaiting	the hearing of charges	s in a civil or criminal cou	rt of law?Yes/No
	Are you prepared industry?	to handle all product	s, materials, or equipmer	nt used in the Yes/No
	Do you have a cur	rrent drivers licence?		Yes/No
	If yes, what class?			
	Drivers Licence No	o.:		
	Do you have any o	demerit points or end	orsements?	Yes/No
	Do you have any l	egal proceedings agai	inst you pending?	Yes/No
	Do you have a spo	il: ouse, partner, or relat	ive or working here or el	sewhere in the
	same industry?			Yes/No
	If yes, who?			
	Where?			



	What transport arrangements do you have to attend your place of employment?	
	What are your interests/hobbies/sports/clubs or community activities?	
MEDICAL	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 1992, if applicable? Yes/No	
	Do you have any health related issues that may impact on your ability to perform the tasks listed in the Job Description and/or Task Analysis for job that you are applying for? Yes/No	
	If yes, please detail:	
DRUG TESTING	Prior to an offer of employment, you will be required to undergo pre employment drug screen. Should you return a non negative result to the initial screen test, you will not be offered employment or any provisional offer of employment will be withdrawn	
	I agree to undergo pre employment drug testing and for the results to be released to A S Wilcox & Sons Ltd. I understand that any offer of employment made will be withdrawn should a not negative result be reported.	
	Date:	



REFERENCE CONSENT				
Name of organisation:				
I consent to the above organisation seeking verbal or written reference on a confidential basis from (person) of (organisation) about me, and authorise the information sought to be released 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 of candidate: Date:				
Declaration/Consent				
opportunities arise during that period. Signature: Date:				
OFFICE USE ONLY				
Successful          Starting date if successful:         Rate of Pay: \$         Area: Packing          Splitting          Washline          Job Description:				
Fixed Term  Finish Date: On Call  Permanent				