



EMPLOYMENT APPLICATION FORM

Private and Confidential

(Applicant's Name)

This form **must** be completed by the job applicant in his or her own handwriting.

COLLECTING & HOLDING PERSONAL INFORMATION:	The information you provide on this application for employment form will be collected and held by Ashhurst Engineering & Construction Co (1989) Ltd.
PURPOSE:	This information is collected for the purpose of assessing your suitability for employment.
YOUR ACCESS TO THIS INFORMATION:	You have a right of access to personal information (excluding any material of an evaluative nature) and to seek any correction you think necessary to ensure accuracy.
POSITION:	This application is submitted in consideration for employment with Ashhurst Engineering & Construction Co Ltd (1989) Ltd initially in the position of

Note: You should provide complete, accurate information in answer to each question unless otherwise advised, regardless of whether you consider it relevant to the position applied for.

Should you fail to fully complete any section(s) of this form it is likely that your application for employment will not be given further consideration.

SECTION 1 - PERSONAL INFORMATION (Please print)		
First name(s)	Surname	If you are known by any other names please record here.
Telephone Number: Day: Mobile:		
Other:		
Email Address:		
Residential Address:		Postal Address:
Date of Birth: (Optional)		

SECTION 2 - EDUCATION (Including Secondary and Tertiary and length of time attended)		
Name of education organisations attended (eg school or training organisation)	Number of Years Attended	Highest qualification and standard of achievement.

SECTION 3 - QUALIFICATIONS (Including Trades) Standards of Achievement

Qualification	Issuing authority

SECTION 4 – OTHER SKILLS & EXPERIENCE

Please detail any other skills and experiences which you consider are relevant.

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Continue on separate sheet if necessary.

SECTION 5 – EMPLOYMENT HISTORY

Please state your current Employer and all Employers that you have worked for in the last ten years. Please note a failure to disclose a previous employer may constitute misrepresentation)

Name of Employer

Employer Address

Length of Service From To

Position Held

Nature of Work

Reason for Leaving

Name of Employer

Employer Address

Length of Service From To

Position Held

Nature of Work

Reason for Leaving

Name of Employer

Employer Address

Length of Service From To

Position Held

Nature of Work

Reason for Leaving

Continue on separate sheet if necessary.

SECTION 4 – REFEREES

Please give details of referees that you authorise us to contact, preferably at least two work related

Name

Address

Phone Number/s

Occupation/Position Held

Name

Address

Phone Number/s

Occupation/Position Held

Name

Address

Phone Number/s

Occupation/Position Held

Name

Address

Phone Number/s

Occupation/Position Held

Do you agree to inquiries being made as to the accuracy of information contained in this application form, or any other matter relating to your suitability this position, from:

Present Employer: YES NO Past Employer: YES NO Other Referees: YES NO

SECTION 6 – MEDICAL / ACC (All questions must be completed)

Have you ever had an injury or medical condition by gradual process injury, disease or infection that may be aggravated by any tasks that you may be called upon to perform by this company?

- Lifting (medium to heavy weights)
- Twisting
- Stretching
- Walking/standing on concrete floors
- Turning
- Bending
- Working on /from ladders
- Computer use

Have you ever suffered any back injury or back strain? Yes No

Do you suffer from hearing loss or reduced lung function? Yes No

Have you ever suffered from any over-use injuries e.g RSI or OOS? Yes No

Have you ever suffered from heart complaints, fits, seizures or epilepsy? Yes No

Do you have any other condition that may affect your ability to effectively carry out the functions and responsibilities of an employee? Yes No

If you have answered yes to any of the above questions in this section, please give details

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How many days absence claimed due to sickness did you take in your last 24 months of employment?

- 0-2 days 3-5 days 6-10 days 11-15 days 16-20 days Over 20 days

Have you ever had a work related accident that resulted in an ACC claim for an injury? Yes No

If yes, please give details (please provide details of all work related ACC claims, including time off work):

.....

Continue on separate sheet if necessary.

SECTION 7 – CRIMINAL OFFENCES

Note: You are not required to provide any information that is eligible to be concealed under the Criminal Records (Clean Slate) Act 2004 in response to the questions in this section.

Have you ever been convicted of a criminal offence? Yes No

If Yes, give brief details:

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Have you been disqualified from driving or are currently under investigation or awaiting charges? Yes No

If Yes, give brief details:

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Are you awaiting hearing of any charges for any other offences? Yes No

If Yes, give brief details:

.....

Continue on separate sheet if necessary.

SECTION 8: GENERAL

Do you have the right of permanent residence in New Zealand or a valid work permit? Yes No

Do you intend to engage in other paid work whilst employed in this position? Yes No

If yes, give brief details

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Are you able to work outside of normal day time hours? Yes No

If yes, give brief details of preference.

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Do you have a current drivers licence? Yes No

If yes, what class? Licence No:

If your application is successful, when could you commence employment? Yes No

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Do you smoke? Yes No

Have you ever received disciplinary action (written warning) against you by an employer for misconduct or serious misconduct? Yes No

If yes, give brief details.

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Have you ever been dismissed by an employer for misconduct or serious misconduct? Yes No

If yes, give brief details.

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Have you at any time taken action against a current or former employer in order to resolve an employment dispute, including personal grievance action or other employment relationship problem? Yes No

If yes, give brief details.

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Do you have or are you aware of any likely commitments which may prevent you from attending your place of employment during company working hours or affect your ability for work additional hours (eg other work, special interests, education, sports). Yes No

If yes, give brief details

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Do you know anyone who currently works at Ashhurst Engineering? Yes No

If yes, give details.

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Are you prepared to abide by our work and safety rules? Yes No

Are you prepared to work school holidays?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you prepared to work as and where directed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a member of a Territorial Force unit or Volunteer Fire Brigade?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 9 – TESTS
<p>Have you ever failed a work related drug or alcohol test? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide details.</p> <p>.....</p>
<p>I understand that I will be required to undergo the following pre-employment checks:</p> <ul style="list-style-type: none"> Criminal Convictions Reporting with the Ministry of Justice Drug and Alcohol Testing with NZDDA ACC Pre Employment History Hearing and Lung Function Testing <p>Do you agree to these test? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please advise why.</p> <p>.....</p>

SECTION 10 - ADDITIONAL INFORMATION
<p>Do you have any additional information that you would consider might assist your application? For example, achievements, interests, aspirations etc. If so, please list below or attach any additional information to this application form.</p> <p>.....</p> <p>.....</p>

SECTION 11 - DECLARATION
<p>I understand that ongoing and continuing employment is subject to a negative Drug & Alcohol Test and satisfactory Criminal Conviction Report being received back by Ashhurst Engineering as my employer.</p> <p>I, (full name) declare that to the best of my knowledge, the answers to the questions in this application are correct. 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 also understand that any false information given in Section 6, the medical portion of this form may result in my loss of entitlement for any compensation from ACC.</p> <p>Applicant's Signature: Date:</p>