

Application for Employment



Please ensure that ALL sections of this application are completed in full.

Position applying for: _____ Date: _____

Site: _____

PERSONAL DETAILS

Name Mr Mrs Miss Other _____

First names
Surname
Preferred name

Address

Home:

Contact Details

Home
Work
Mobile
Email Address:
Emergency Contact: _____ Phone: _____

Additional Information

Do you know anyone working in the company?

Please select your work eligibility status:

- NZ/Australia Citizen or NZ Permanent Resident
 New Zealand Work Visa* Australia Work Visa* No Work Visa*

Please list Visa Type, Expiry Date & Conditions: _____

_____ (Please provide a copy)

Do you have a current New Zealand drivers licence? Yes No Version number (5b) _____

Drivers licence number _____ Expiry date ____/____/____

Classes Held 1 2 3 4 5

Endorsements Held D F R T W I

Do you hold a current Forklift Operator Certificate? Yes No
Expiry ____/____/____ (Please provide copy)

Do you hold a current First Aid Certificate? Yes No
Expiry ____/____/____ (Please provide copy)

Have you ever had any driving convictions or license suspensions? Yes No

If yes, please list -

Have you been convicted of a criminal offence in the last 7 years? Yes No
Are you awaiting trial for a criminal offence? Yes No
Do you have any court convictions? Yes No

If yes, please list-

EDUCATION DETAILS (not required if cv attached)

Tertiary Education

Name
Qualification(s) obtained:
Name
Qualification(s) obtained:

Other Qualifications

Any other relevant qualifications? (E.g Hiab Operator, Swing lift Operator)

CAREER OBJECTIVES

What is your present career objective?
Salary or wage expectations?

LEISURE INTERESTS

Outline leisure interests both sporting and cultural

EMPLOYMENT HISTORY (not required if cv attached)

Current/most recent employment

Present or last position	
Company/Organisation	
Address	
Responsible to (name & title)	
Length of employment (dates)	
Outline of duties and responsibilities	
Reason for seeking new employment	Notice required:

Previous employment

Company/Organisation
Position(s) held
Responsible to (name & title)
Length of employment (dates)
Outline of duties and responsibilities
Reason for seeking new employment

REFEREES**Nominate three referees, both business and character**

Name
Position
Company
Telephone

Name
Position
Company
Telephone

Name
Position
Company
Telephone

OTHER RELEVANT INFORMATION

<p>In the space provided, please supply any other information relevant to your application. Include information regarding the type of position sought, reasons for this application, your career aims, perceived strengths and weaknesses, and any other details that may be of assistance with this application</p>

HEALTH AND SAFETY DETAILS

Please read the following section carefully

The following information is required to assist Summerland Express Freight Ltd to meet its obligations under the Health and Safety at Work Act 2015 and subsequent amendments and the Accident Compensation Act 2001, and to assess your ability to perform the duties of the position safely.

It is important that you let us know of any health issues or disability that you have that is relevant to the role that you are applying for. Letting us know that you have a medical condition or disability will not exclude you from being considered for this position.

Do you know of any health problems that would affect your ability to safely work for Summerland? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a heart disease, blood pressure problems, chest pains or palpitations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had muscle, bone, joint, ligament or tendon problems, e.g. arthritis, tendonitis, fractures? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had back pain or any sort of back or neck problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any injury or medical condition caused by gradual process, disease or infection, e.g. hearing loss, sensitivity to chemicals, repetitive strain injuries, which the tasks of this job may aggravate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any episodes of loss of consciousness, dizziness, vertigo, fainting or seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a stroke of any sort or ever experienced sudden tingling, numbness or loss of feeling? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have diabetes, asthma, epilepsy or other long-term health concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any workplace accidents in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you regularly take any prescription or non-prescription medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any problems with your vision or hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made any ACC claims in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any of the above questions please provide further details:

Application for Employment

DECLARATION

I, _____ (full name) declare that, to the best of my knowledge the information provided in this application for employment (including my CV) is accurate, complete and correct and I have not omitted any information that could affect the decision of Summerland Express Freight Ltd to employ me.

Under the Privacy Act 1993, I understand that the information provided by me in this application is being collected for the purposes of determining my suitability for employment.

I give my authority to contact any third party mentioned in this application form to verify that the information is correct.

I understand that this personal information will be treated by the Company as confidential.

I understand that I have the right to access the personal information and request corrections of any inaccuracies.

I understand that any false information deliberately supplied may result in my employment being terminated.

I authorise Summerland Express Freight to seek verbal information about me from my nominated referees, to help assess my suitability for employment.

I agree to notify the employer of any change to my health likely to have an effect on the current activities of work.

I agree to undergo a Medical Examination and/or Drug Test if required.

Name (print)
Signature
Date

OFFICE ONLY

Contract information

Rate
Position
Reports to
Start Date

Driver Check Consent Form

Summerland Express Freight Ltd uses the NZTA service called 'TORO'. This service enables us to monitor the licences of all Summerland Drivers. However, we need your consent to do this. Therefore, we would be grateful if you could complete the following:

Release and use of personal information

- ..1 We must sight your original driver licence and take a copy of that licence.
- ..2 We will use your name, date of birth, the driver licence number and version number from your driver licence by entering those details into TORO.
- ..3 Information will be generated from the driver licence number, version number, name and date of birth (including licence status, endorsements and classes of licence held and their status, licence conditions – including those related to medical conditions that affect your ability to drive and any active – but not past – suspensions or disqualifications). We will use that information and information from your driver licence to maintain the register of drivers in our organisation.
- ..4 We will receive notification automatically from the NZTA, and will hold that information on our register, if any of the following changes to your licence occur:
 - the licence status changes (if the licence class or endorsement is expired, suspended, disqualified or revoked)
 - a Passenger endorsement is due to expire
 - any new medical conditions are added to the licence, or existing medical conditions are changed
 - a warning letter is issued because you have accrued 50 or more demerit points
 - a suspension letter is issued because you have accrued 100 or more demerit points.
- ..5 You are not obliged by law to give us all the personal information that will be retained on TORO, and you are not obliged by law to consent to us obtaining that information from the NZTA. If you do not wish to provide your information for storage on TORO, please ask your manager for information about the alternatives (if any).

Who can access information about you and for what purposes

- ..1 All information from your driver licence, as well as licence status, endorsements and classes of licence held and their status, licence conditions, demerit point information as specified in clause 1.4 and any active (but not past) suspensions or disqualifications will form part of the register maintained by our organisation and may be accessed and used by the following:
 - our organisation
 - the NZTA (whether or not you consent)
 - New Zealand Police (whether or not you consent).

I consent to Summerland Express Freight Ltd obtaining information about my licence through the NZTA service 'TORO'.

I consent to Summerland Express Freight Ltd disclosing information to any relevant and appropriate third party.

Name (print)
Signature
Date

SCHEDULE 7

CONSENT AND DECLARATION – PRE-EMPLOYMENT DRUG TESTING

Summerland Express Freight Ltd policy on drugs and alcohol in the workplace requires that prospective employees must return a negative drug test before they can be employed.

Instructions for use: Please read and acknowledge the terms and conditions set out below. Take this form with you to the testing centre/ vehicle advised by Summerland Express Freight Ltd and leave it with the testing staff.

Consent and Declaration

I agree to provide a specimen of urine for drug testing and authorise the testing agency to conduct a urine drug test.

I _____ consent to my urine being tested for the drugs specified in Summerland's Drug and Alcohol Policy including:

- Cannabinoids
- Opiates
- Cocaine
- Amphetamines
- Benzodiazepines
- Synthetic Drugs
- Other substances that may affect my ability to work safely

NB – Certain prescribed and over the counter medication may affect your results. You may wish to advise on this form any medication you are currently taking which you think might affect your results.

-
- I understand that this test will be performed in accordance with Summerland Express Freight Limited's Drug and Alcohol Policy
 - I understand that a refusal to be tested will mean my application for the role will not be progressed
 - I understand that if I return a non-negative result any offer of employment that has been made may be withdrawn
 - I understand that submission of an adulterated sample, diluted sample, of one with an invalid temperature may result in withdrawal of an employment offer that may have been made
 - I understand that I am required to provide this sample within 2 days of receipt of this form and that I will be given only two opportunities to supply this sample and that this must be done within 24 hours from my initial attempt
 - I understand that the testing agency is acting as agents for Summerland Express Freight Ltd and acknowledge the procedure has been explained to me to my satisfaction
 - I authorise the Authorised Tester to communicate the result to management at Summerland Express Freight Ltd.

SIGNED _____ DATE _____

NAME (PLEASE PRINT) _____

Administration Only

Name of Certified Collector _____ Date: _____

Signature of Certified Collector: _____

Result:

Negative Non-Negative

Preemployment check - request for ACC claims history



Please Read: Please complete this form and then email it to preemploymentchecks@acc.co.nz. Please provide a valid proof of identification: These include but are not limited to; Driver's Licence, Passport, 18+ Card, Birth Certificate, or Statutory Declaration signed by the Police or JP.

IMPORTANT - Employers and recruitment agencies: This form is valid for 1 month from the date signed by the applicant & unless the job applicant gives specific permission, the claims history provided will not include information about any:

- mental injury as a consequence of physical injury claims
- declined claims including accredited employer claims
- treatment injury claims
- claims occurring more than 10 years ago
- sensitive claims
- wilfully self-inflicted claims
- accidental death claim dependants

PART A: IDENTIFYING DETAILS

1. JOB APPLICANT'S DETAILS		PLEASE COMPLETE CLEARLY IN CAPITAL LETTERS	
First Name:		Middle Name:	
Surname:		Also known as (e.g Maiden name):	
Date of Birth:		Phone Number/s:	
<input type="checkbox"/> (please tick) If Less than 6 month in New Zealand.		Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="checkbox"/> (please tick) I have not had an accident related injury in the last 6 months.			
Postal address:		Suburb :	
Flat/Unit No:	Town/City:	Postal Code :	
Previous Address:		Type of work/Industry:	

2. EMPLOYER OR RECRUITMENT AGENCY DETAILS	
Organisation name: Summerland Express Freight Ltd	Contact person's name: Kurt Scoringe
Contact phone number: 021 991 545	Contact email address: kurt@summerland.co.nz

PART B: CONSENT FOR ACC TO RELEASE INFORMATION

3. JOB APPLICANT'S CONSENT AND SIGNATURE	
<p>I authorise ACC to release my ACC claims history to the employer or recruitment agency named in Part A:2, and understand that I will be sent a copy to the postal address marked in Part A:1. Please tick if you do not wish to receive a copy of this information. <input type="checkbox"/></p> <p>Please tick if you have received or consented to a Pre-employment claims injury history in the last 6 months. <input type="checkbox"/></p> <p>I understand that If, I have been in New Zealand for less than 6 months (Part A:1) and, have not had an accident related injury in New Zealand during this period, ACC will not process this request.</p> <p>I understand that this information will only be used to decide whether I can carry out the job safely.</p> <p>I understand I have the right:</p> <ul style="list-style-type: none"> • to see and correct this information under the Privacy Act 1993 • that the employer or recruitment agency will use this information responsibly, and comply with the Privacy Act 1993, Health Information Privacy Code 1994 and the Human Rights Act 1993 • That the employer or recruitment agency will destroy the information once the job application process is complete. 	
Job applicant's signature:	Date:

Pre-Employment Check - Demerit Points & Suspension History

Please complete all sections below in full

To: The NZ Transport Agency
Business Administration Team
Private Bag 11777
Palmerston North 4442

RE: Demerit Points & Suspension History

Full Name: _____

(As shown on your license)

Address: _____

City: _____ Post Code: _____

Phone: _____

Date of Birth: _____

License Number: _____

Version Number: _____

Signature: _____

Date: _____

Please provide a copy of my Demerit Points & Suspension History to:

Kurt Scoringe
021 991 545
Kurt@summerland.co.nz



Request for Criminal Conviction History – Third Party

Confidential when completed

REQUEST BY THIRD PARTY UNDER THE PRIVACY ACT 1993 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE'S COMPUTER SYSTEMS.



How to fill out this form and the definitions used in this form

1. You will have been provided this form by a third party* to complete
2. Complete all the questions from Step 2 on – start with “Your details”
3. Please write as neatly as possible
4. Send back to the third party for them to check and send off.

*Third party is the person, potential employer or recruitment agency who has requested the criminal conviction check and will be sent the results. (The third party must complete the front page of this form).

Step 1 Third party to complete this section

Third party name details

Full name of third party: Summerland Express Freight Ltd

Full name of the person or organisation the third party is acting for (if applicable):
(i.e. the person or organisation who requested the third party to carry out a criminal conviction check).

Kurt Scoringe

Third party reference number (if applicable):

Third party return address details

Name of the person to return request information to: Kurt Scoringe

PO Box or Street Address: 18 Rogers Street

Suburb:

Town/City: Cromwell

State/Province: Central Otago

Post Code: 9310 Country: New Zealand

Signature of third party:

OFFICE USE ONLY
MOJ REQUEST NUMBER

Step 2 Your details (please print)



Important: make sure the name and date of birth you write in here matches your identification in Step 3

Your Personal Details

Surname: First name:

Middle names (separated by commas):

Date of birth: Male Female

Place of birth:

Telephone: Mobile:

Email:

Previous names – Maiden names, other names you are known as, or have used

Surname	First name	Middle names (separated by commas)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Postal Address

PO Box or Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Current residential address if different to postal address

Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Please list any other New Zealand addresses you have lived at in the last 10 years

Street address:

Suburb:

Town/City:

Post Code:

Street address:

Suburb:

Town/City:

Post Code:

Street address:

Suburb:

Town/City:

Post Code:

Step 3 Your identification



Please attach a legible photocopy of your identification which must contain your signature. This can be any one of the following:

New Zealand Driver Licence – can be current or expired within the last 2 years, but cannot be cancelled, defaced or a temporary licence.

New Zealand Passport – can be current or expired within the last 2 years, but cannot be cancelled or defaced. Must show your signature.

Overseas Passports – must be current and cannot be expired, cancelled or defaced. Must show your signature.

New Zealand Firearms Licence – must be current and cannot be expired or defaced.

If you do not have any of these forms of identification, you will need to complete Step 5.

Step 4 Your authority to release information to a third party

I authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my criminal convictions, subject to section 7 of the Criminal Records (Clean Slate) Act 2004, to the third party.

Tick the report required

Criminal and traffic convictions report Traffic convictions report

I want a copy of the information provided to the third party Yes No

Your signature:

X

Date:

D	D	M	M	Y	Y	Y	Y
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