



# Application for Employment

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL DETAILS

Name  Mr  Mrs  Miss Other \_\_\_\_\_

First names
Surname
Preferred name

## Address

Street
Town/City

Postal
Town/City

## Contact Numbers

Home
Work
Mobile

## Additional Information

Email address
Date of birth
Do you know anyone working in the company?

Are you legally entitled to work in New Zealand?  Yes  No

Do you have a current drivers licence?  Yes  No Version number (5b) \_\_\_\_\_

Drivers licence number \_\_\_\_\_ Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_

Classes Held  1  2  3  4  5  6

Endorsements Held  D  F  P  R  T  V  W

Have you ever had any driving convictions?  Yes  No

If yes, please list \_\_\_\_\_

Do you hold a current OSH forklift certificate?  Yes  No Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you hold a current First Aid Certificate?  Yes  No Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_

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 \_\_\_\_\_



## Application for Employment

### EDUCATION DETAILS

#### Secondary School

Name
Years attended: From _____ to _____
Highest qualification:

#### Tertiary Education

Name
Years attended: From _____ to _____
Qualification(s) obtained:

#### Other Qualifications

Have you sat any examinations or attended any courses (business or educational) not mentioned above?

### CAREER OBJECTIVES

What is your present career objective?
Salary or wage expectations?
Geographical location required?

### EMPLOYMENT HISTORY

#### Current/most recent employment

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



## Application for Employment

### **Previous employment**

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

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

### **REFEREES**

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

Name
Position
Company
Telephone

Name
Position
Company
Telephone

Name
Position
Company
Telephone

### **LEISURE INTERESTS**

Outline leisure interests both sporting and cultural





## Application for Employment

### HEALTH AND SAFETY DETAILS

The following information is required to assist Summerland Express Freight Ltd to meet its obligations under the Health and Safety in Employment Act 1992 and subsequent amendments and the Injury Prevention Rehabilitation and 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 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 medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you regularly take any 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 Summerland Express Freight Ltd's decision 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 also 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 or in loss of ACC entitlement.

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 if required.

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Driver Check Consent Form**



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

---

I consent to Summerland Express Freight Ltd obtaining information about my licence through the LTSA service 'Driver Check'.

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

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_