



EMPLOYMENT APPLICATION FORM

Vacancy Applied For: _____

Personal Information

Full Name:		Mr/Mrs/Miss/Ms	
Address for correspondence:			
			Postcode:
Date of Birth:		Email:	
Tel No.	Home:	Mobile:	Work:
Email:			

Present or most recent employment

Job Title: _____ Date of Employment: _____

Employer: _____ Notice Required: _____

Salary: _____

Reason for leaving (if applicable): _____

Brief description of duties: _____

Past Work – Please give details of past work you have undertaken. This can include paid work, unpaid or voluntary work, self-employment or work at home. Please also include any periods of unemployment (continue on a separate sheet if necessary)

Job	Employer	From	To	Reason for Leaving

Qualifications

Qualifications and/or examinations passed

Grade

Special Training *(include any relevant short courses and development activities you have undertaken)*

Details

Duration of course

Please provide details of how you are suitable for the position and meet the person specification. Please include qualifications, experience, skills, knowledge and any other information which you feel may be helpful to your application *(continue on a separate sheet if necessary)*. CV's will not be accepted.

Work Related Referees

Please provide the names of two work related referees who may be contacted for a reference check.

Preferably these should be people who you have reported to and they will not be contacted without you being notified.

Current of most recent employer:

Name: _____

Address: _____

Phone (work) _____

Phone (home) _____

Mobile _____

Previous employer:

Name: _____

Address: _____

Phone (work) _____

Phone (home) _____

Mobile _____

PERSONAL INFORMATION

Resident Status

Are you legally entitled to work in New Zealand?

Yes

No

Are you a New Zealand Citizen?

Yes

No

I will provide evidence of my permanent residency or work visa within 24 hours of being requested to do so.

Yes

No

Have you ever worked for this Company before?

Yes

No

If yes, where and when:

Do you have any relationships/friendships with a member of staff at QRS?

Yes

No

If yes, please state their name and the nature of your relationship.

Do you have secondary employment/occupation (including as a contractor)?

Yes

No

If yes, where and when:

DRIVING LICENSE DETAILS/HISTORY

Driver License Number:	License Version Number:					
<i>(Please attach a copy of your drivers license)</i>						
Class 1 Class License 4500kg or less	Learner	<input type="checkbox"/>	Restricted	<input type="checkbox"/>	Full	<input type="checkbox"/>
Class 2 Medium Rigid Vehicles 15001kg or less	Learner	<input type="checkbox"/>			Full	<input type="checkbox"/>
Class 3 Medium Combinations 25001kgs or less	Learner	<input type="checkbox"/>			Full	<input type="checkbox"/>
Class 4 Heavy Rigid Vehicles 15000kg or more	Learner	<input type="checkbox"/>			Full	<input type="checkbox"/>
Class 5 Heavy Combinations 15000kg or more	Learner	<input type="checkbox"/>			Full	<input type="checkbox"/>

Endorsements

W Wheels	<input type="checkbox"/>	T Tracks	<input type="checkbox"/>	R Rollers	<input type="checkbox"/>
D Dangerous Goods	<input type="checkbox"/>	F Forklift	<input type="checkbox"/>	Forklift OSH Cert Expiry Date:	

Please indicate the years and level of experience you have, in operating the following vehicles and/or machines.

<i>Digger:</i>
<i>Grader:</i>
<i>Loader:</i>
<i>Roller:</i>
<i>Tractor:</i>
<i>Truck:</i>
<i>Truck and Trailer:</i>
<i>Transporter:</i>
<i>Other:</i>

(please specify)

In the past five years, has your drivers license at any time been cancelled or suspended?
 If yes, please detail. Yes No
 Details:

Have you ever incurred any speeding fines or other traffic infringements in the past three years?
 If yes, please detail. Yes No
 Details:

Have you ever been involved in any vehicle crashes in the past three years?
 If yes, please detail. Yes No
 Details:

Have you ever been disqualified from driving?
 If yes, please detail. Yes No
 Details:

Do you consent to authorise the Company to check the status of your drivers license?
 Yes No

Medical

Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been vaccinated for Covid 19	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you agree to undergo a pre-employment medical and drugs test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you allergic to, or have any sensitivity to any substances or chemicals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require corrective lenses or contact lenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In your past employment have you been exposed to:		
Noise:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asbestos:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heavy Metals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skin Irritants:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Infectious Material:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have/have you had any injury or medical condition caused by gradual process, disease or infection that may affect your ability to carry out the functions and responsibilities of the position applied for or impact on the Company, its business or staff?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:		
How many days absence due to sickness have you claimed in the last 12 months of employment? (please circle)		
0 – 2 3 – 5 6 – 10 11 – 15 16 – 20 over 20 days		
Have you claimed accident compensation in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details:		
Has your work ever been affected by stress or mental health problems (eg. Depression, anxiety?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details:		
Has your use of alcohol and/or drugs ever affected your work performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details:		
Has your work ever suffered from long term fatigue or tiredness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details:		
Do you have any other condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details:		

General

Do you have a criminal record? (*you should consider the effect of the Criminal Records (clean slate) Act before answering this question. You can obtain free information on this from the Department of Labour 0800 209 020*)

Yes

No

Are you awaiting the hearing of charges in a criminal court of law?

Yes

No

Do you consent to authorise a criminal record check?

Yes

No

Are you an existing member of Kiwisaver?

Yes

No

If you are a member of Kiwisaver, are you on a contributions

Yes

No

holiday?

If yes, please give details e.g. expiry date of holiday

Are you a member of a territorial force, volunteer fire brigade or Search and Rescue?

Yes

No

Are you prepared to work overtime?

Yes

No

Are you prepared to work after hours?

Yes

No

Are you prepared to work weekends?

Yes

No

Are you prepared to work shifts?

Yes

No

Have you ever been dismissed from your employment?

Yes

No

If yes, please give details.

Do you consent to the Company retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with this Company in the future?

Yes

No

Is there any other information you believe is relevant to your application?

Yes

No

If yes, please give details:

DECLARATION

Agreement to Demonstrate Skills

I agree that if requested to demonstrate my skills during the course of this selection process, such request does not constitute a job offer or the commencement of employment. I may decline the request but if I agree, I will not be entitled to payment.

I declare:

- 1. My answers in this application are true and not misleading; and
- 2. That there is no further information that may be relevant that I have not told you about.

I acknowledge:

- 1. That if you employ me, you are relying on the truth and completeness of my answers and therefore;
- 2. That if I have not answered truthfully and completely QRS may have justification to terminate my employment without notice.

I understand that:

- 1. False or incomplete answers relating to my medical history could mean that I may compromise my access and receipt of ACC Compensation.
- 2. This information is collected for the purpose of assessing your suitability for employment at QRS which may include subsequent changes in employment with the Company and this information will be retained on your personal file.

You have a right of access to this information to ensure its accuracy. This is a confidential document subject to the Privacy Act 1993.

Applicants Name

Applicants Signature

Date of Application

Parent/Guardian Sign

(where the applicant is under the age of 18 years)