

E B McDONALD LTD
Application for Employment

NOTES:

1. To be completed personally by the applicant. Please print in BLOCK LETTERS.
2. The completion of this form does not indicate any obligations on this employer to engage the applicant.
3. Do you consent under the Privacy Act 1993, to this employer contacting your existing/former employers or referees and retaining this information on file for this employer's exclusive use? **YES / NO**
4. You may attach any other information to this form which you consider relevant e.g. CV, qualification certificates, etc.

1. POSITION APPLIED FOR:

Available start date: _____

2. APPLICANT'S NAME

Surname: _____

First Names: _____

Name used: _____

Date of Birth: _____ IRD Number: _____

Drivers Licence: _____ Bank A/c No: _____

3. APPLICANT'S ADDRESS

Number and Street: _____

Suburb and Town: _____

Contact Number Home: _____ Mobile: _____

Email Address: _____

Person to contact in event of an accident or emergency

Name: _____

Relationship: _____

Address: _____

Contact Number Home: _____ Mobile: _____

4. EMPLOYMENT STATUS

Are you legally entitled to work in New Zealand: **YES / NO**

5. EDUCATION

Secondary School attended: _____

Qualification gained: _____

Qualifications or occupational Training gained: _____

Year: _____

Year: _____

Year: _____

Year: _____

Year: _____

6. EMPLOYMENT HISTORY

Present or most recent Employer:

Contact: _____ Phone Number: _____

Position held: _____ Years of service: _____

Current rate of pay: _____

Main duties: _____

Reason for leaving: _____

Next most recent Employer:

Contact: _____ Phone Number: _____

Position held: _____ Years of service: _____

Main duties: _____

Reason for leaving: _____

7. REFEREES

Name: _____ Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

8. GENERAL

Have you been convicted of a criminal offence? **YES / NO**
If yes please add your signature after this question if you consent to the Department of Courts releasing such information to this employer? _____

Do you have a current Drivers Licence? **YES / NO**

If yes, what classes: _____

Drivers Licence Number: _____

Do you have any endorsements or demerit points? **YES / NO**

If yes please detail: _____

Are you a member of any territorial force unit? **YES / NO**

If so, have you completed whole time training? **YES / NO**

What are you interests/hobbies/sports/clubs or community activities?

Do you have secondary employment? **YES / NO**

If yes. Please detail: _____

Is there any impediment to you travelling away or working additional hours, weekends or public holidays? **YES / NO**

If yes. Please detail: _____

Do you have the ability to do the job for which you have applied? **YES / NO**

If you have any concerns about your ability please outline below:

9. MEDICAL

Are you allergic to, or have any sensitivity to any substance chemicals? **YES / NO/SPECIFY**

Have you had an injury or medical condition caused by gradual process, disease, or infection arising out of work that maybe aggravated or further contributed to by the tasks of this position? **YES / NO/SPECIFY**

State any injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

Do you have any other known condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? **YES / NO/SPECIFY**

10. DECLARATION

I _____ (full name) declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC or any other insurer.

Signed: _____ Date: _____