



EMPLOYMENT APPLICATION

Purpose: This information is collected for the purpose of assessing your suitability for employment which may include subsequent changes in employment with the Company.

Note: The completion of this form does not indicate that there is any obligation on the Company to engage the applicant.

PERSONAL INFORMATION	
Date of Application	
Position Applied For	
Full Name	
Home Address	
Home Phone Number	-
Cell Phone Number	-
E-mail Address	-
Date of Birth	
Emergency Contact Person	-
Relationship	-
Contact Phone Number	-
LEGAL WORK STATUS	
Are you legally entitled to work in New Zealand?	Yes/No
If so, as:	
- A New Zealand citizen	<input type="checkbox"/>
- A permanent resident	<input type="checkbox"/>
- A holder of a current work permit	<input type="checkbox"/> Expiry Date/...../.....
Have you any criminal convictions (not including any concealed under the Clean Slate Act) or charges pending? <i>(All Employment Offers are subject to a Security Check)</i>	Yes/No

EDUCATION & QUALIFICATIONS	
School Certificate / NCEA Level 1	Yes/No
Sixth Form Certificate / NCEA Level 2	Yes/No
Bursary / NCEA Level 3	Yes/No
ACADEMIC QUALIFICATIONS	<i>(Please give details)</i>
Name and location of tertiary establishment attended	-
Certificate	<input type="checkbox"/>
Diploma	<input type="checkbox"/>
Degree	<input type="checkbox"/>

Post Graduate Diploma Subjects Specialised in:	<input type="checkbox"/>
TRADE QULIFICATIONS HELD Do you have apprenticeship papers? In what trade were you apprenticed? Trade Certificate Advanced Trade Certificate Name and address of employer where apprenticeship gained	<i>(Please give details)</i> Yes/No - <input type="checkbox"/> <input type="checkbox"/> -
LANGUAGES Can you hold an everyday conversation in any language other than English?	<i>(Please specify)</i> Yes/No
OTHER QUALIFICATIONS Certificates Licences	<i>(Please give details)</i> Yes/No Yes/No
Any other skills which are relevant to the position: EG: Data entry speed, HT licence	<i>(Please give details)</i> Yes/No

EMPLOYEMENT HISTORY (Please fill in OR attach resume)	
If your application is successful when could you commence employment?	
Most Recent Employer (1)	
Company Name	
Address	
Position Held	
Main Duties	
Length of Service	From(Mth).....(Yr) to(Mth)(Yr)
Reason for Leaving	
Most Recent Employer (2)	
Company Name	
Address	
Position Held	
Main Duties	
Length of Service	From(Mth).....(Yr) to(Mth)(Yr)
Reason for Leaving	
Most Recent Employer (2)	
Company Name	
Address	

Position Held	
Main Duties	
Length of Service	From(Mth).....(Yr) to(Mth)(Yr)
Reason for Leaving	

GENERAL INFORMATION	
Have you worked for Spectrum, or any associated company before?	Yes/No <i>(If yes please give details)</i>
Do you have a spouse relative or household member working here or elsewhere on the industry?	Yes/No
Do you have secondary employment?	Yes/No
Is there anything which may affect your regular attendance at work E.g. Studying Territorial Army Commitments?	Yes/No
Have you worked shifts before? Are you prepared to work shifts if required to do so?	Yes/No Yes/No
Are you prepared to work extra hours if required?	Yes/No
Are you prepared to handle all products materials and equipment used in the industry?	Yes/No
Do you have a current drivers licence? Licence information Any special conditions of restrictions?	Yes/No Class(es): Yes/No

MEDICAL INFORMATION	
If your application is successful do you agree to undergo a medical examination if requested?	Yes/No
If your application is successful do you consent to Drug Testing, if required?	Yes/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 or back injuries that may be aggravated or further contributed to by the tasks for this job?	Yes/No <i>(If yes please give details)</i>
Have you suffered from any illness that may affect your performance on the job?	Yes/No <i>(If yes please give details)</i>
Do you suffer from any medical condition that might affect your or others safety when doing specific tasks?	Yes/No <i>(If yes please give details)</i>

REFEREES	
For the purposes of compliance with the Privacy Act 1993, should we want to make you a formal job offer, do you consent to the Company contacting your present or past employers for the purpose of reference checking?	Yes/No

Please give details of at least two referees

Name	Company	Their Position	Phone Number

DECLARATION
<p>I, <i>(full name)</i> declare that to the best of my knowledge the information provided in this application and in any resume enclosed is accurate. I understand that if any false or misleading information is given or any material fact suppressed, I will not be employed, my employment may be terminated. I further understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.</p> <p>Signed: Date:</p>