



EMPLOYEE APPLICATION FORM

First Name(s): _____

Last Name: _____

Address: _____

Date of Birth: _____

Home Phone: _____

Mobile Phone: _____

Email address: _____ Bank Account Number: _____

Next of Kin: _____

(Name/Address/Contact Phone of a person to be contacted in an emergency)

DRIVERS LICENSE (attach photocopy of license/s):

Drivers License No: _____

Expiry Date: _____

Classes of License Currently Held:

- | | | | |
|--|----------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Class 1 (Car License 4500kg or less) | <input type="checkbox"/> Learner | <input type="checkbox"/> Restricted | <input type="checkbox"/> Full |
| <input type="checkbox"/> Class 2 (Medium rigid vehicles 15001kg or less) | <input type="checkbox"/> Learner | <input type="checkbox"/> Full | |
| <input type="checkbox"/> Class 3 (Medium combination 25001kg or less) | <input type="checkbox"/> Learner | <input type="checkbox"/> Full | |
| <input type="checkbox"/> Class 4 (Heavy rigid vehicles 15000kg or more) | <input type="checkbox"/> Learner | <input type="checkbox"/> Full | |
| <input type="checkbox"/> Class 5 (Heavy combinations 15000kg or more) | <input type="checkbox"/> Learner | <input type="checkbox"/> Full | |
| <input type="checkbox"/> D (Dangerous goods endorsements) | | | |
| <input type="checkbox"/> F (Forklift endorsement) | | | |
| <input type="checkbox"/> R (Roller endorsement) | | | |
| <input type="checkbox"/> T (Tracks endorsement) | | | |
| <input type="checkbox"/> W (Wheels endorsement) | | | |

If you have had any motor vehicle/machinery accidents or any vehicle fines/infringements in the past 5 years, please list details here:

Division of Company/Position applied for: (please tick boxes that apply)

- | | | |
|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Machine Operator | <input type="checkbox"/> Driver | <input type="checkbox"/> Mechanic |
| <input type="checkbox"/> Labourer | <input type="checkbox"/> Office | <input type="checkbox"/> Engineer |
| <input type="checkbox"/> Drainlayer | <input type="checkbox"/> Other _____ | |

EDUCATION:

Name of Secondary School(s) attended: From: _____ To: _____

Qualifications (School Certificate, University Entrance, Subjects):

Other Qualifications obtained (Polytechnic/University/Apprenticeship):

Describe the Skills/Training you hold which are relevant to the position applied for:

VEHICLE/MACHINERY EXPERIENCE:

Please indicate the number of years and level of experience you have had in operating the following vehicles/machines:

Digger _____

Grader _____

Loader _____

Roller _____

Tractor _____

Truck _____

Truck & Trailer _____

Transporter _____

Bulldozer _____

Bulldozer/Scoop _____

Other _____

OCCUPATIONAL SAFETY AND HEALTH

Because of an Employer's liability under the Accident Compensation Act, we require the following declaration to be completed:

I, _____, hereby declare that, other than indicated below, I do not have any existing or previous medical conditions or injury(ies) that may affect my ability to work or my suitability for employment with Huband Contractors Ltd.

- | Yes | No | (Indicate as applicable) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Dermatitis or other skin allergy condition |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies or beestings or any other substance or chemical. Do you carry medication? |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes, heart problems or high blood pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma or other respiratory problem. Do you carry an inhaler? |
| <input type="checkbox"/> | <input type="checkbox"/> | Back/shoulder/neck/arm/leg strain or overuse injury |
| <input type="checkbox"/> | <input type="checkbox"/> | Nervous/mental disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing or sight problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Drug or alcohol dependency |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (specify) |

Please list any other medical issues that we need to be made aware of:

Have you claimed ACC and if so please provide details.

Please give details of all previous/non-work accidents and state if ACC compensation was claimed:

PRIVACY ACT: I hereby authorize the Managing Director of Huband Contractors Ltd, or his Agent, access to my Personnel File and to any ACC information as required for employment matters:

Signed: _____

Date: _____

NOTE: Failure to disclose a medical condition could affect your eligibility for Accident Compensation in the event of aggravation of that condition during your employment.

I certify that the above is a true and correct record:

Signed: _____

Date: _____

GENERAL

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

Which of the following do you have?

New Zealand Citizenship Yes/No

New Zealand Residency Yes/No

Work Visa/Permit Yes/No

Expiry date of Visa/Work permit (where relevant) _____

Evidence of eligibility for employment in New Zealand will be required prior to any offer of employment.

Are you prepared to work overtime? Yes/No

Have you ever been charged with or convicted of a criminal offence either in New Zealand or overseas?

Yes/No

Are you awaiting the hearing of charges in any Civil or Criminal Court of law? Yes/No

If yes, further information relevant to potential employment may be sought.

REFEREES

Please give details of any work related referees that you authorize us to contact:

Name and Job Title _____

Company _____

Contact Phone No _____

Position of Referee in relation to you _____

Name and Job Title _____

Company _____

Contact Phone No _____

Position of Referee in relation to you _____

DECLARATION – please read carefully and sign

I authorize Huband Contractors Ltd to obtain information from nominated referees concerning my suitability for employment and release such person from liability from any claims which may arise from the provision of such information. I further declare that the information I have provided in this Application Form is correct. I understand that should I be successful in my application, falsification or deliberately misleading information or suppression of information will be grounds for instant dismissal.

SIGNED: _____ **DATE:** _____

NOTE: This information is being collected for the purpose of assessing your suitability for employment, and will be kept confidential. This application does not guarantee employment. Huband Contractors Ltd is an equal opportunity employer, and nothing in the application form implies that any unlawful reason will be taken into account in assessing your suitability for employment.