

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

The information in this application is collected for the purpose of assessing your suitability for employment with this company which may include subsequent changes in employment with the company. The completion of this form does not indicate that there is any obligation on the company to engage the applicant. This information will form part of the company's personnel records which you are entitled to access on request to the manager.

If you have any queries about this form please phone our manager on 07 843 8233.

Please complete personally and print clearly.

Position applied for:

Position name:

Date:

Your name:

Mr Mrs Ms Other (please specify):

Family name:

Given names:

Name you would like to be known by:

Contact address and
telephone numbers:

Residential address:

Postal address:

Post code:

Name you would like to be known by:

Home phone:

Other:

Education and training:

List relevant school/tertiary qualifications and other relevant training:

Tick welding tickets or other trade related qualifications currently held:

AS/NZS 2980 ASME IX Confined Space Permit Receiver Current forklift licence
 BS EN287 Rigging and Slings Workplace First Aid NZQA 6400, NZQA 6401, NZQA 6402 Other - please list below



Skills:

Describe the skills you hold which are relevant to the position applied for:

Employment:

Present or most recent employer:

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Company:

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Position held:

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Main duties:

Length of service:

--

Reason for leaving:

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Any other job that may be relevant:

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Company:

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Position held:

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Main duties:

Length of service:

--

Reason for leaving:

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Secondary employment:

Do you have secondary employment?

Yes No

Please supply details:

Please give details for at least two referees:

Name:

Company:

Position held:

Phone number:

Name:

Company:

Position held:

Phone number:

Consents:

I consent to the company seeking verbal written information on a confidential basis about me from representatives of my previous employer and/or referees and authorise the information sought to be released by them to the company for the purpose of ascertaining my suitability for the position I am applying for:

Yes No

If yes, please sign:

For the purposes of the Privacy Act 1993, do you consent to the company contacting your present employer for reference checking?

Yes No

If yes, please sign:

Have you ever worked for Hendl & Murray Engineering previously? If so, please provide details of the role held and period of employment:

How did you hear about Hendl & Murray Engineering? (Tick the box that applies)

Referral from friend or associate

Walk in from the street

Newspaper or website advertising

Other - please specify below



Medical:

To meet the requirements of the Health and Safety in Employment Act, we are required to verify your fitness and suitability for the position you have applied for, so that you will not be harmed at work.

Please complete the following questionnaire, which may be forwarded to a registered medical practitioner for advice. Additionally, you may be required to undergo a medical examination by a company-nominated medical practitioner. This examination will be used to verify that any preexisting conditions will not be aggravated, and that you are fit to carry out the work the position requires.

Are you allergic to any substances or chemicals?

Yes No

Have you suffered any noise induced hearing loss?

Yes No

Are you required to wear any corrective lenses?

Yes No

Have you suffered from epilepsy, dizzy spells or fits?

Yes No

Have you suffered from heart disease or chest pain?

Yes No

Have you suffered from any repetitive strain type injuries?

Yes No

Do you suffer from asthma or other lung function problems?

Yes No

Have you suffered from back pain requiring time off work?

Yes No

Have you ever had a workplace accident requiring time off work?

Yes No

Do you have any problem working in confined spaces (e.g. tanks, silos etc) or suffer from claustrophobia?

Yes No

Do you have any problem working at heights or suffer vertigo?

Yes No

If you have answered "Yes" to any of the questions above, or have any preexisting condition (listed above or not) that may affect your ability to carry out the tasks associated with the position, please explain below:



General:

1. If your application is successful when could you commence employment?

2. Are you prepared to work overtime if required?

 Yes No

3. Are you prepared to work on sites involving nights away from home?

 Yes No

4. Do you have a current driver's licence?

 Yes No

5. If yes, what class(es)?

6. Do you have any demerit points or endorsements?

 Yes No

7. If yes, please give details:

8. Do you have a spouse, partner, relative or household member working somewhere else in the industry?

 Yes No

9. If yes, who and where?

10. What transport arrangements do you have to attend your place of work?

11. Are you a member of any territorial force unit?

 Yes No

12. If yes, have you completed whole time training?

 Yes No

13. Have you reached current school leaving age?

 Yes No

14. Have you qualified for National Superannuation?

 Yes No

15. Are you legally entitled to work in New Zealand?

 Yes No

16. If yes, please tick the box that applies to you:

 A New Zealand Citizen (or an Australian Citizen) A holder of a New Zealand residence permit A holder of a current work permit A holder of a current New Zealand passport Other entitlement - please specify:

17. Have you been convicted of a criminal offence in the last 10 years?

 Yes No

18. If yes, please provide brief details:

19. Are you awaiting the hearing of charges in a civil or a criminal court of law?

 Yes No

9. If yes, who and where?

21. Are you paying off any outstanding fine/fines?

 Yes No

22. Do you have child support payments to make?

 Yes No

23. Are you paying off a student loan?

 Yes No



Kiwisaver:

We are required by law to provide you information regarding the Kiwisaver scheme. A new employee Kiwisaver information pack, drafted by the Inland Revenue Department, will be provided at the time an offer of employment is made. Please note, if you are an eligible employee, we are automatically required to make Kiwisaver deductions from your pay, however, you may choose to opt out of Kiwisaver in accordance with the Act from day 14 to day 56 after your start date. Details on how to get further information regarding Kiwisaver are included in the pack.

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 fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated.

I also give my permission for the company to have access to, discuss and use the information arising from the medical questionnaire or subsequent medical examination.

Signed:

Date: