

# APPLICATION FOR EMPLOYMENT

## HRF086



Ref: Employment Interview Questions HRF087

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 1 - PERSONAL INFORMATION

Full Name \_\_\_\_\_

Other name known by: \_\_\_\_\_

Address residential: \_\_\_\_\_

Address mailing: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### SECTION 2 - EDUCATION (Including university, further education etc)

Name of School/College/University	From	To	Qualification Gained

### SECTION 3 - EMPLOYMENT HISTORY

Referees:

Please give details of three referees (preferably two work related referees and one personal referee). Upon signing this form on the last page, you are providing authorisation for us to contact your referees.

Name:		Phone No:	
Address:		Occupation:	
Name:		Phone No:	
Address:		Occupation:	
Name:		Phone No:	
Address:		Occupation:	

Qualifications:

What professional, occupational or trade qualifications do you hold?  
(Attach certificates etc. These will be returned.)

If you are a qualified tradesman, are you prepared to assist in training apprentices?      Yes      No

SECTION 3 - EMPLOYMENT HISTORY CONT (start with the most recent position)							
Name of Employer	Address	Date From	Date to	Position Held	Nature of Work	Reason for Leaving	

**SECTION 4 - MEDICAL**

Do you have a medical condition that will effect your ability to perform all duties associated with the position? Please tick appropriate boxes and provide details where required.

HAVE YOU HAD:	YES	NO	WHEN
Compensation for any injury			
Dermatitis or eczema			
Hernia			
Back injury or strain			
Injury to limbs			
Blackouts or fits of any kind			
Are you taking drugs or medicine			
Do you have a previous gradual injury			

DO YOU SUFFER FROM:	YES	NO	WHEN
Earache, deafness or discharge from the ears			
Skin infections			
High blood pressure			
Heart complaint			
Diabetes			
Any allergies			
Colour blindness			
Any other ailments or diseases			
If yes, give brief details:			
Name:			
Phone:			
Relationship:			
Address:			

**SECTION 5 - GENERAL**

	YES	NO
Do you object to enquiries being made of your past, or present employers?		
Are you prepared to work shifts?		
Have you worked shifts before?		
Are you prepared to work overtime?		
Are you prepared to work as and where directed?		
Are you prepared to handle all products, materials or equipment used in the industry including the loading and unloading of any vehicle?		
Are you prepared to abide by safety and work rules?		
Do you have a current driving licence?		
If yes, what classes?		
Do you know any person currently employed by this company?		
If so, who?		
Have you been previously employed by this company?		
If so, when?		
Have you ever been convicted of a criminal offence?		
If yes, give brief details.		
Are you awaiting the hearing of charges in a civilian court?		
If yes, give brief details.		
Are you a member of any Territorial Force Unit?		
If yes, have you completed the whole training?		
If no, when do you proposed to do so?		
Are you a citizen of New Zealand?		
If no, do you have a right of permanent residence or work permit?		
Do you have any commitments at this time which may prevent you from attending your place of employment in the future?		
If yes, give brief details:-		
If your application is accepted, when could you begin employment?		

**SECTION 6 - DECLARATION**

I, \_\_\_\_\_(full name) declare that to the best of my knowledge, the answers to the questions in this application are correct and I understand that if any false information is given, or any material fact suppressed, I may not be accepted or if I am employed I may be dismissed.