

## APPLICATION FOR EMPLOYMENT

Position Applied for:	
Location:	
Date:	

### 1. PERSONAL INFORMATION

Family Name (MR/MRS/MISS/MS) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name(s) \_\_\_\_\_ Phone: \_\_\_\_\_ Home \_\_\_\_\_

Address: \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_

Are you a New Zealand Citizen? <i>If you are not a NZ Citizen, do you have? (please circle)      Residency      Work Visa      Student Visa</i>	Y	N
Do you have a current driver's licence? Class(es): _____	Y	N
Do you have reliable vehicle transport for use to and from work?	Y	N
Do you have any obligations that may interfere with your work attendance or performance (e.g. family commitments, community activities or sport?). <i>If Y then give details below</i> _____ _____ _____	Y	N
Do you have any previous criminal offence convictions (including driving offences)? <i>If Y then give details below</i> <u>Date</u> <u>Offence</u> _____ _____ _____	Y	N
Do you have any criminal charge hearings pending? <b>NOTE:</b> Further information relevant to potential employment may be sought at any subsequent interview.	Y	N
Are you prepared to work a) Shifts?	Y	N
b) Overtime?	Y	N
Will you be engaged in any other employment if employed by Taranakipine?	Y	N
Do you have any known medical conditions which may: <i>If Y then give details below</i> a) Affect your work performance or regular attendance? b) Could be aggravated by the job you applied for? _____ _____	Y	N
Have you previously been employed by: a) This company? b) In this industry?	Y	N
Do you a) Smoke cigarettes b) Take recreational drugs (a pre-employment drug test is mandatory). <i>Be honest – If you have taken recreational drugs (incl. some party pills) in the last two months a drug test will be positive and you will not be employed.</i>	Y	N

## 2. EDUCATION HISTORY

Highest school qualification:

- No formal qualifications
- NCEA -Level \_\_\_\_\_
- National Certificate Level \_\_\_\_\_ in \_\_\_\_\_
- Trade Certificate in \_\_\_\_\_
- Other \_\_\_\_\_

## 3. EMPLOYMENT HISTORY

### PRESENT OR MOST RECENT EMPLOYER:

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Position: \_\_\_\_\_

### PREVIOUS EMPLOYER:

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Position: \_\_\_\_\_

## 4. OTHER EMPLOYMENT AND/OR ADDITIONAL INFORMATION

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**5. GENERAL COMMENTS YOU WOULD LIKE TO MAKE:**

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**6. REFEREES:**

Please supply two work related referees who are NOT relatives of yours:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**7. HOW DID YOU HEAR ABOUT TARANAKIPINE**

Taranakipine Website		Taranakipine Employee		WINZ	
Daily News		Mid Week		Yellow Pages	
TradeMe		Seek		Other (please specify)	
Word of Mouth		Taranaki Jobs			

**Do you know anyone who works for Taranakipine?** \_\_\_\_\_

**8. DECLARATION**

Note: Copies of all relevant documents will be required if offered employment.

I declare that:

- a) The information provided in this application (and in any other material enclosed) is to the best of my knowledge correct.
- b) I understand that if any false information is given, material facts suppressed or I have withheld any information relevant to the application, I may not be accepted, or if I am employed, my employment may be terminated.
- c) I understand in applying for a job at Taranakipine I agree to undertake a pre-employment medical that includes a drugs test.
- d) I have completed this application myself.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a copy of your current CV or Resume to your completed application and return it to Taranakipine.**

# Confidential Health Questionnaire

Taranakipine is committed to the health and safety of our staff. As part of these commitments, this pre-employment Health Questionnaire is required to be completed by all applicants seeking employment with the company.

As a company we are required to make assessments of risks to which employees may be exposed to at work, therefore it is important for applicants to complete an assessment to allow us to consider the nature of the job and the fitness of the potential employee to carry out the required work.

The information contained on this questionnaire will be kept confidential to those members of management responsible for employment.

## Do you suffer, or have you ever suffered from any of the following?

Heart Disease/high blood pressure/ heart problems	Y/N	Asthma / Bronchitis / Tuberculosis or other chest disease	Y/N
Sinusitis / Hay Fever	Y/N	Stroke	Y/N
Severe Anxiety / Depression/other psychiatric disorder	Y/N	Kidney / Bladder Infection or problems	Y/N
Hernia/Ulcer/Digestion	Y/N	Hearing defects / Ear conditions	Y/N
Cancer	Y/N	Anemia / Blood Problems	Y/N
OOS Occupational Overuse Syndrome	Y/N	Back/Shoulder Problems	Y/N
Migraine / Persistent Headaches	Y/N	Diabetes/ thyroid or other gland problems	Y/N
Allergy (drugs, food, chemicals)	Y/N	Joint / Cartilage Problems	Y/N
Skin Problems / Dermatitis / Eczema	Y/N	Eyesight Problems / Colour Blindness	Y/N
Epilepsy / Fits / Fainting Attacks	Y/N	Any alcohol or drug related problems or illness	Y/N
Do you take medication that may affect your performance at work? <i>If yes, please state the type of medication:</i>			Y/N
Have you ever had any injury that prevented you from working for more than one month or that required more than one month's medical treatment, and may reoccur?			Y/N
Have you ever had any illness or disease that prevented you from working for more than one month, or that required more than one month's medical treatment, and may reoccur?			Y/N
Do you have any known physical or psychological conditions which may:			
a) Affect your work performance or regular attendance?			Y/N
b) Be aggravated by the job you are applying for?			Y/N
Please comment on any questions to which you have answered "YES".			
_____			
_____			
_____			
_____			

I declare that the information provided above is to the best of my knowledge true & correct. I understand that false information given or material facts suppressed in this questionnaire may result in my dismissal and/or rejection of a claim for sickness or accident compensation, if employed.

I agree that, if I want to be selected for employment, I will undertake a pre-employment medical examination including drug testing and further agree to allow regular ongoing health screening and examination by the company's nominated Medical Practitioner, if required. I also consent to any specific health/medical issues, that may arise from my pre-employment medical or, if employed, my ongoing employment, being discussed by any Doctor with the company representative of Taranakipine.

Signed:

Dated: