



PO Box 16  
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**APPLICATION FOR EMPLOYMENT**

**Complete this form and attach a recent CV if you have one**

**CONFIDENTIAL: To be completed personally by Applicant**

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

**Please Complete in Own Handwriting**

**DATE:** .....

**POSITION APPLIED FOR** .....

**YOUR NAME (IN BLOCK LETTERS)**

Surname .....

First Names (underline name used)

.....

**YOUR HOME ADDRESS & TELEPHONE NUMBER**

Address .....

.....

.....

Home Phone No: .....

Email Address: .....

Have you ever worked for this Organisation before? YES/NO

If yes, where and when

.....

**ENTITLEMENT TO WORK**

Are you a New Zealand or Australian citizen..... YES/NO

If Yes, which?.....

Are you legally entitled to work in New Zealand YES/NO

Do you hold a New Zealand Work Permit covering the type of work applied for. YES/NO

Do you give your permission for us to check on the NZ Immigration website VisaView to verify the above details? YES/NO

For this purpose please provide:

Passport Nationality:.....Passport Number:.....

Do you have a current drivers licence? YES/NO

If yes, what class:

Drivers Licence No:

Do you have any demerit points or endorsements? YES/NO

If yes, please detail:

.....  
.....

### **APPRENTICESHIP/TRAINING INFORMATION**

Do you have the relevant papers: YES/NO

In what trade were you apprenticed/trained? .....

What was the name and address of the employer?

.....  
.....

What qualifications do you hold? (ie. Trade Certificate, Advanced Trade Cert., NZQA modules)

.....

### **QUALIFICATIONS**

Do you have any other qualifications/certificates/licences/or attended any courses which you consider relevant to the position applied for. (Give details below).

.....  
.....

### **PREVIOUS EMPLOYMENT - REFEREES**

Give name, address and telephone numbers of at least two referees.

**Name** .....

**Address** .....

**Phone No** .....

**Name** .....

**Address** .....

**Phone No** .....

I consent to the Organisation seeking verbal or written information about me from representatives of my previous employers, and referees, and authorise the information sought to be released. YES/NO

Signature..... Date.....

**ABILITY TO DO THE JOB**

a. What particular skills to you bring to this position?  
.....  
.....

b. Do you have other employment? YES/NO  
If yes, please detail .....

(Note: This information is very important and must be completed accurately)

Are you able to work additional hours, shifts or on weekends and public holidays? YES/NO

Do you have any personal responsibilities that may prevent you devoting your full time and attention to the position applied for? YES/NO

If YES, then please explain: .....

**EXISTING AND PREVIOUS CONDITIONS**

Do you have, or have you suffered from, any physical, medical, or other condition which may affect how you do the job you have applied for, and in particular any of the following:

A Publicly Notifiable disease	YES/NO	High or Low Blood Pressure	YES/NO
Dermatitis	YES/NO	Hearing Difficulties	YES/NO
Eczema/Other Skin Infections	YES/NO	Heart Problems	YES/NO
Hernia	YES/NO	Diabetes	YES/NO
Back Strain/Other Back Injury	YES/NO	Epilepsy	YES/NO
Eye Problems – Colour Blind?	YES/NO	Blackouts/Heat Exhaustion	YES/NO
Occupational Overuse [RSI]	YES/NO	NervousDisorder/AnxietyProblem.	YES/NO

Allergies -insect; dust; food or fruit; chemicals YES/NO  
If the answer is yes, please give details below:

.....

Do you agree to the Organisation accessing your ACC file in order to assess any history of ACC claims which might affect your ability to perform the tasks associated with the job applied for? YES/NO

If you answer YES, then please sign here to confirm your agreement:

.....  
[Signature of Applicant]

State any other injury or illness you have suffered that may affect your ability to perform the tasks and discharge the responsibilities of the position applied for:

.....

Do you agree to provide a copy of recent medical history from your GP or other medical professional, if requested? YES/NO

**If requested**, do you agree to provide a medical certificate to confirm you have not in the last month taken any non-prescription drugs which could influence your ability to perform tasks related to perform the job applied for? Such evidence must include details of a blood test to support the confirmation contained in the certificate. YES/NO

**CONVICTIONS – LEGAL ACTIONS**

You do NOT have to complete this section if you have had any previous convictions deleted from Court records under the Clean Slate legislation.

Have you ever been convicted of any criminal offence or serious traffic offence, or are you currently awaiting trial on any criminal or civil matter? **This question need be answered ONLY if you believe the information is relevant to the job for which you are applying.** YES/NO

If yes, details please

.....

Please add your signature after this question if you consent to the Department of Courts or any other organisation releasing such information in support of this employment application

.....

[Signature of Applicant]

**DRUG TESTING**

Do you consent to testing for illegal drugs if required? YES/NO

**ACCOMMODATION**

What accommodation or special facilities (if any) do you require to be able to perform this job you have applied for?

.....

**OTHER INTERESTS**

What are your interests outside work?

.....

.....

**GENERAL**

Are you a member of any territorial force unit? YES/NO

If so, have you completed basic training? YES/NO

Do you consent to the Organisation retaining the information contained in this application form? YES/NO

Are you looking at this job being permanent or temporary? If temporary, what time frame will you be available?

.....

**DECLARATION**

I \_\_\_\_\_ (full name to be printed by Applicant) 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 may not be considered for employment, or if I am employed, my employment may be terminated. I also understand that any relevant false information given may result in loss of entitlement for any compensation from ACC or any other injury insurer.

I further accept that if I am successful in this application and commence employment with the Organisation, the information contained herein and any other information gathered in the course of my employment will be available to management; and in addition, I clearly understand that my employment does not commence until I have signed my employment Agreement.

Signature of Applicant..... Date.....

*Applicants must ensure they clearly understand and accept the reasons for requesting the information above, AND FURTHER that they clearly understand the implications of their giving authority to provide information or allow information to be gathered.*