



APPLICATION FOR EMPLOYMENT

Please complete this form in your own handwriting, attach a recent CV if you have one, and email with a cover letter to katy@wastebusters.co.nz or drop in to the Wanaka or Alexandra shops for the attention of Katy.

CONFIDENTIAL: To be completed personally by Applicant

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

DATE:

POSITION APPLIED FOR

YOUR NAME (IN BLOCK LETTERS)

Surname

First Names (underline name used)

YOUR CONTACT DETAILS

Address

Phone No:

Email address:

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

If yes, where and when

ENTITLEMENT TO WORK

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

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

If Yes, which?

If no, do you hold a New Zealand Work Permit covering the type of work applied for YES/NO

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

And for this purpose please provide:

Passport Nationality:Passport Number:Work Visa Expiry Date.....

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

Please list apprenticeship/Training relevant to position applied for:

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

QUALIFICATIONS

Please list any other qualifications/certificates/licences/or attended any courses which you consider relevant to the position applied for:

PREVIOUS EMPLOYMENT - REFEREES

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

Name:

Address:

Email: **Phone No**

Name:

Address:

Email: **Phone No**

I consent to Wastebusters 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 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

This question need be answered ONLY if you believe the information is relevant to the job for which you are applying. 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? *You do NOT have to add details of any previous convictions deleted from Court records under the Clean Slate legislation* 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?

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OTHER INTERESTS

What are your interests outside work?

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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?

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If your application is accepted when could you commence employment?

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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.