

Application for Employment

CONFIDENTIAL

This information is collected for the purpose of assessing your suitability for employment at Page Macrae Engineering. The form must be completed personally by the applicant. The completion of this form does not indicate any obligation on Page Macrae Engineering to employ the applicant.

PERSONAL DETAILS

| | |
|----------------------|----------------|
| Surname/Family Name: | |
| First Name(s): | |
| Street Address: | |
| Phone No: | Date of Birth: |
| E-mail Address: | |

LEGAL WORK STATUS

| | YES | NO |
|--|-----|----|
| Are you legally entitled to work in New Zealand? | | |
| <i>If yes, are you:</i> | | |
| A New Zealand citizen | | |
| A permanent resident | | |
| A holder of a current work permit | | |
| <i>If you hold a work permit what type of visa:</i> | | |

POSITION APPLIED FOR

| | YES | NO |
|--|-----|----|
| What role are you applying for? | | |
| If you are applying for Trades/Workshop role, please complete Skills form HR001-01 | | |
| What days/times are you available for work? | | |
| Are you looking for or contract roles? If yes see below: | | |
| Do you hold public liability insurance (\$1million minimum) | | |
| Do you have a current negative drug test within the last 6 months? | | |
| <i>If you hold a work permit what type of visa:</i> | | |

RECENT WORK HISTORY

| | | | |
|---|--|----------------|--|
| Name of current or most recent employer | | | |
| Position Held | | Dates Employed | |
| Name of previous Employer | | | |
| Position Held | | Dates Employed | |
| Name of previous Employer | | | |
| Position Held | | Dates Employed | |

TRAINING / WELDING QUALIFICATIONS

| | |
|--|-------------------------|
| Give details of any training or qualifications you hold that are relevant to this position: | |
| Training/Qualification: | Year studied / trained: |
| | |
| | |
| | |
| | |
| | |
| | |

DRIVING

| | YES | NO |
|---|-----|----|
| Do you have a current full NZ drivers' licence? | | |
| If yes, what class/es? | | |
| Do you have any demerit points or endorsements? | | |
| If yes, give details: | | |
| Do you hold a current Forklift license? | | |
| If yes, when does this expire? | | |

CONVICTIONS AND PROCEEDINGS

| | YES | NO |
|---|-----|----|
| Do you have any criminal convictions, not including any concealed under the Criminal Records (Clean Slate) Act? | | |
| If yes, please give details: | | |
| Do you have any legal proceedings against you pending? | | |
| If yes, please give details: | | |
| If your application for employment is approved, any offer of employment may be subject to a satisfactory Criminal Record Check (position dependant). Do you consent to undergoing a Criminal Record Check if required to do so? | | |

DRUG AND ALCOHOL TESTING

| | YES | NO |
|---|-----|----|
| If you are offered employment, the offer may be made subject to a satisfactory pre-employment drug and alcohol test. | | |
| If required to do so, do you consent to undergo a pre-employment drug and alcohol test if you are offered employment? | | |

MEDICAL

| | YES | NO |
|---|-----|----|
| Do you have, or previously had, any health-related issues that may impact on your ability to effectively perform the role you have applied for? | | |
| If yes, please give details: | | |
| If you are offered employment, the offer may be made subject to your obtaining a full medical clearance (by completion of a medical examination) to assess your fitness for the job for which you are applying. | | |
| If required to do so, do you consent to undergo a medical examination if you are offered employment? | | |
| Are you allergic to, or have any sensitivity to substances or chemicals? | | |

| | | YES | NO |
|--|--------------|-----|----|
| Do you have any hearing disability or impairment? | | | |
| Have you ever suffered from a significant back injury? | | | |
| Do you require corrective lenses? | | | |
| In your past employment, have you been exposed to: | | | |
| | Noise | | |
| | Asbestos | | |
| | Toxic Metals | | |
| | Solvents | | |

REFEREES

| | | | |
|--|--|--------------|--|
| Give name and contact phone number of at least two (2) recent work-related referees, preferably where there has been a direct reporting relationship: (i.e., your Supervisor/Manager). We will seek your permission before speaking to any referees. | | | |
| Name of Referee 1 | | Company | |
| Position Held | | Phone Number | |
| Name of Referee 2 | | Company | |
| Position Held | | Phone Number | |
| Name of Referee 3 | | Company | |
| Position Held | | Phone Number | |

DECLARATION

I declare that to the best of my knowledge and belief, the answers given in this application are true and correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I may not be accepted or if an appointment made, it may be terminated.

I consent to Page Macrae Engineering seeking verbal or written information about me from previous educational institutions, employers, and/or referees, and authorize the information sought to be released for the purposes of ascertaining my suitability for this position.

I agree that if I am chosen as the preferred candidate for a position, I may be required to undergo a Criminal Record check and authorise this information to be released to Page Macrae Engineering.

I agree that if I am chosen as the preferred candidate for a position, I may be required to undergo a pre-employment drug and alcohol test and authorise the results of this to be released to Page Macrae Engineering for the purposes of ascertaining my suitability for this position.

I agree that if I am chosen as the preferred candidate for a position, I may be required to have a medical assessment by a medical assessor chosen by Page Macrae Engineering, at our expense. In the event I am required to undergo a medical assessment I consent to Page Macrae Engineering receiving the relevant medical information from the assessor. I also agree that Page Macrae Engineering may seek additional relevant information from any other treatment providers I have seen, and those providers may disclose that information to Page Macrae Engineering.

Signed: _____

Date: _____

Pursuant to the Privacy Act 1993, the following is brought to the attention of the person completing this form.

- *This application form collects personal information about applicants for positions with Page Macrae Engineering.*
- *The information is collected to evaluate the applicant.*
- *The intended recipient of the information is Page Macrae Engineering*
- *The information is collected and held by Page Macrae Engineering*
- *The individual named in this form has rights of access to and correction of this information subject to the provisions of the Privacy Act 1993.*
- *This application form is to be personally completed and signed by the applicant.*