



Application for Employment

Attached is an Application for Employment Form that you are requested to personally complete.

This Application for Employment Form is a source of information that any business within the Eastland Group will use to assist in considering your suitability for the position. In the event that you are employed this information will form part of the Company's personnel records. Failure to supply the required information or providing inaccurate information will prejudice the Company's ability to determine your suitability for the position.

Any offer of employment will be made subject to you completing a pre-employment medical examination and questionnaire.

You have the right to view your personal information held by the Company in the presence of the Human Resource Advisor or a representative.

Note: Completion of this form does not infer any commitment to employ you.

CONFIDENTIAL

Date of Application: _____

Position Applied For: _____

Eastland Group Business: _____

PERSONAL DETAILS

Surname: _____

First Name(s): _____

Are you known by another name? _____

CONTACT DETAILS

House Number and Street: _____

Suburb and Town: _____

Home Telephone: _____

Mobile Telephone: _____

Email: _____

WORK STATUS

Are you a New Zealand Citizen? _____

If no, are you legally entitled to work in New Zealand? _____

(You will be required to provide evidence of you entitlement to work in NZ i.e. production of a work permit or residency papers)

If your application is accepted, when could you commence employment? _____

QUALIFICATIONS AND SKILLS

Do you have a current Drivers Licence? **Yes** **No**

Classes of Vehicle Licenses Held: _____

Firearms: _____ Classes Held: _____

Others: _____ Classes held: _____

QUALIFICATIONS AND SKILLS (continued)

Do you have any qualifications relevant to the position for which you are applying? If so, please provide details.

Please describe any knowledge/skills/experience relevant to the position for which you are applying?

EMPLOYMENT HISTORY

DO NOT complete this section if you have provided a current CV, which contains all the information requested below:

Present or most recent employer details:

Company: _____

Address: _____

Position: _____

Key Responsibilities: _____

Length of Service: _____

Number of hours worked per week: _____

Reason for leaving: _____

EMPLOYMENT HISTORY (continued)

Next most recent employer:

Company: _____

Address: _____

Position: _____

Key Responsibilities: _____

Length of Service: _____

Number of hours worked per week: _____

Reason for leaving: _____

Next most recent employer:

Company: _____

Address: _____

Position: _____

Key Responsibilities: _____

Length of Service: _____

Number of hours worked per week: _____

Reason for leaving: _____

Other employment history, which may be relevant to the position applied for:

CRIMINAL RECORD

Have you ever been convicted of a criminal offence? **Yes** **No**
(If yes, please give details)

Please note that under the Criminal Records (Clean Slate) Act 2004, you are not required to disclose certain offences.

Are you awaiting the hearing of charges in a civil or criminal court? **Yes** **No**
(If yes, please give details)

MEDICAL

If you are offered employment, the offer is subject to you obtaining a full medical clearance following the completion of our pre-employment medical examination.

Have you had any injury or medical condition caused by gradual process, disease or infection e.g. hearing loss, sensitivity to chemicals, Occupational Overuse Syndrome (e.g. tendonitis, occupational Asthma, RSI, Carpal Tunnel, Tennis Elbow) disease, allergy or infection that may be aggravated or further contributed to by the tasks associated with this position?

Yes **No**

If yes, please specify (with last date of treatment for each injury or illness):

Are you on any medication, which may affect your performance in the position you have applied for? **Yes** **No**

If yes, please specify: _____

Do you agree to undergo a pre-employment medical examination? **Yes** **No**

Do you agree to undergo a pre-employment drug test? **Yes** **No**

DECLARATION

I, _____ (*full name*) declare that to the best of my knowledge the information I have supplied in this application form and/or in my Curriculum Vitae is true and correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment may be terminated.

I further understand that any offer of employment if made is conditional on obtaining a full medical and drug clearance through the company's pre-employment medical examination and drug test. I also understand that the information requested within this application form is sought to establish my suitability for the position that I am applying and that if I do not provide such information then this application for employment may be rejected.

Signed: _____ Date: _____

NB: By returning this application electronically it is acknowledged that you fully agree with the above declaration. Applicants invited to the interview will be required to sign the above declaration.