

EMPLOYMENT APPLICATION

Note: Completion of this Application does not indicate that there is any obligation on KB Contracting & Quarries Ltd. to engage the Applicant

Please **PRINT** all answers

1. **Position Applied for:** _____

2. **Name of Applicant:** Family Name _____
(BLOCK LETTERS) Given Name _____

3. **Address of Applicant** Number & Street _____
(BLOCK LETTERS) Suburb & Town _____

4. **Contact Numbers** Telephone Home: _____ Fax: _____
Telephone Work: _____ Mobile: _____

5. **Birth Details** Date of Birth: _____
Place of Birth: _____
Town: _____ Country: _____

6. **Resident Status** a) Are you a New Zealand Citizen? YES / NO
b) If NO, have you the right of permanent residence? YES / NO
c) If NO, do you have a work permit? YES / NO
We will require documentary evidence of this.
d) Are you an assisted immigrant under bond to the New Zealand Government or other employer YES / NO

7. **Education and Qualifications** Name of Secondary School attended From _____ to _____

Other Educational Institutions attended

Qualifications obtained. (E.g. School Certificate, 6th Form Certificate – list subjects, trade qualifications, unit standards, degree, diploma etc.)

8. **Specialised Training And Skills** Training courses attended and specialist skills (E.g. First Aid, Defensive Driving, Safe Working on the Roads, etc.)

9. Drivers Licence Do you have a current Drivers Licence? YES / NO
If YES, what Classes?

Do you have any endorsements or demerit points? YES / NO
If YES, please give details.

10. Hobbies & Interests What are your hobbies, interests, sports, and community activities outside work?

11. Employment History

Present or Most Recent Employer

From _____ **to** _____
Company

Address

Job held

Main Duties

Reason for Leaving

Next Most Recent Employer

From _____ **to** _____
Company

Address

Job held

Main Duties

Reason for Leaving

Next Most Recent Employer

From _____ **to** _____
Company

Address

Job held

Main Duties

Reason for Leaving

12. Referees Please provide the names and contact details of three referees who are not related to you. (Preferably past employers.)

Name _____ Phone: _____
 Position Held _____ Fax: _____
 Company _____ Address: _____

Name _____ Phone: _____
 Position Held _____ Fax: _____
 Company _____ Address: _____

Name _____ Phone: _____
 Position Held _____ Fax: _____
 Company _____ Address: _____

13. Consent To Collect Information

I consent to KB Contracting & Quarries Ltd. seeking verbal or written information about me on a confidential basis from representatives of my previous employers and / or referees. I authorise them to release the information requested to KB Contracting & Quarries Ltd. for the sole purpose of assessing my suitability for the position applied for. I understand that the information supplied will be used as evaluative material and will not be disclosed to me or to any third party.

Signature _____ **Date:** _____

14. Availability to Start If your application is successful, when could you start work for KB Contracting & Quarries Ltd.?

15. Shift Work Are you prepared to work shifts or odd hours? YES / NO
 Are you prepared to work overtime if required? YES / NO

16. Criminal Offences Have you ever been convicted of a criminal offence? YES / NO

If YES, state date of conviction: _____

Are you awaiting the hearing of charges in a civil or criminal court of law? YES / NO

17. Safety Are you prepared to handle all materials and equipment used in this industry? YES / NO

18. Transport What arrangements do you have for getting to and from work?

19. Territorial Forces Are you a member of any territorial forces unit? YES / NO
 If YES, have you completed whole time training? YES / NO

20. Medical

If you are offered employment you may be required to obtain a full medical clearance. If this were required the medical examination would be at **your** cost.

Do you agree to undergo a medical examination if we request one? YES / NO

Are you at present receiving medical treatment and/or medication? YES / NO

If YES, please detail

Have you claimed a Sickness Benefit, Accident Compensation or Workplace Accident Insurance within the last three years? YES / NO

If YES, please detail

Have you ever suffered a back injury requiring time off work? YES / NO

If YES, please detail

Do you require corrective lenses or contact lenses? YES / NO

Have you ever had any medical advice or treatment for;

a) Arthritis, rheumatism, neuritis, gout, back or neck disorder including sciatica, disc problem or back strain? YES / NO

b) Any injury or abnormality of muscles, bones, joints or ligaments? YES / NO

c) Other illness, disease, injury, disability, debility or disorder that might result in your inability to perform any work activities? YES / NO

If you answered YES to any of the above, please give details.

21. Gaining & Retaining Information

Do you consent to KB Quarries retaining the information contained in this application for consideration of your suitability for any other position that may become available in the future? YES / NO

22. Declaration

DECLARATION

I declare that to the best of my knowledge the answers in this application are 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 by KB Contracting & Quarries Ltd., my employment will be terminated.

Signature: _____

Date: _____