

EMPLOYMENT APPLICATION FORM

This is an application with Electricity Ashburton Ltd and forms part of our conditions of employment. It is therefore to be personally completed and signed by the applicant. Failure to supply the information requested would prejudice our ability to assess your suitability for the position. If you are successful this information will be retained and form part of our personnel records.

In accordance with the Privacy Act 1991, you are entitled to access this information upon request to this company's Administration Manager where the information is held. If you are not successful your application form and CV will be destroyed by the company.

You are applying for the position of: _____

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

Section 1 - Personal Information (please print)

First name _____ Surname: _____

Address: _____

Are you known by another name? Yes No

If yes, what other name(s) are you known by? _____

Phone: _____ (work) _____ (Home) _____ (Fax)

Are you a citizen of New Zealand? Yes No

If yes, can you provide evidence if required? Yes No

Are you legally entitled to work in New Zealand? Yes No

Are you an assisted immigrant under bond to the Government or any other employer? Yes No

If yes, do you have authority to accept other employment? Yes No

Have you reached the minimum school leaving age? Yes No

Have you qualified for New Zealand Superannuation? Yes No

Section 2 - Education Qualifications

Name of school, technical institute, university etc	Dates attended From: To:		Qualifications obtained

Section 3 - Trade/Occupational Qualifications

Please list Trade and/or Occupational Qualifications:

Where appropriate you will be required to produce the original qualification documents.

Are you currently studying or planning to study for any qualification? Yes No

Give details:

If requested, are you willing to undertake training during and/or outside business hours? Yes No

Section 4 - Employment Record

List your current or most recent employer first:

Current/Past Employer: _____ From: _____ To: _____
 Position: _____ Type of Work: _____
 Reason for Leaving: _____

Past Employer: _____ From: _____ To: _____
 Position: _____ Type of Work: _____
 Reason for Leaving: _____

Past Employer: _____ From: _____ To: _____
 Position: _____ Type of Work: _____
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Past Employer: _____ From: _____ To: _____
 Position: _____ Type of Work: _____
 Reason for Leaving: _____

Reference Checks

May we discuss references with past employers? Yes No

May we contact your current employer prior to job offer? Yes No

Referees Please give details of three referees who may be contacted.
 Preferably two work related referees and one personal referee

Name	Address	Phone No	Occupation	Relationship

Section 5 - General

Are you prepared to handle all products, materials or equipment used in the industry, including the loading and unloading of any vehicle?

Yes No

Do you know of any person currently employed with Electricity Ashburton?

Yes No

If yes, who: _____ Relationship: _____

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

Have you ever been convicted of a criminal offence?

Yes No

If yes, give brief details: _____

Are you awaiting the hearing of charges at the present time?

Yes No

If yes, give brief details: _____

Have you ever been dealt with under the Police Diversion Scheme?

Yes No

If yes, give brief details: _____

Do you have any commitments at this time, which may prevent you from attending your place of employment during normal work hours e.g. sporting commitments, family commitments, Territorial Force Unit, Voluntary Fire Brigade, overseas holiday etc?

Yes No

If yes, give details please: _____

Are you prepared to work regular overtime as and when required?

Yes No

Are you prepared to stay away from home as and when required?

Yes No

Have you previously been employed by this company?

Yes No

If yes, under what name? _____

Section 6 - Medical

Have you had?	Yes	No	Details
ACC claims or payments	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dermatitis or Eczema	<input type="checkbox"/>	<input type="checkbox"/>	_____
Back injury or strain	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blackouts or seizures of any kind	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mental health problems (e.g. depression, anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you suffer from?

Earache, Deafness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin infections	<input type="checkbox"/>	<input type="checkbox"/>	_____
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Long-standing fatigue or tiredness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Colour blindness	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you wear corrective eye lenses? Yes No

Are you taking drugs or medicine Yes No

How many days absence claimed due to sickness in your last 12 months of employment?

0 - 5 6 - 10 11 - 15 16 - 20 Over 20 days

Please give details about any other ailments or diseases which may affect performance, may put our staff and customers at risk, or which Electricity Ashburton should know about.

Do you agree to attend a Doctor nominated by Electricity Ashburton? Yes No

Section 7 - Relevant Skills

Driving Skills

Licence

Number: _____ Class(es) _____ Expiry Date: _____

	Yes	No	
Forklift/Forkhoist	<input type="checkbox"/>	<input type="checkbox"/>	
Forklift Training Course	<input type="checkbox"/>	<input type="checkbox"/>	Approved by: _____
Heavy Trade	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy Trailer	<input type="checkbox"/>	<input type="checkbox"/>	
Earthmoving Machinery	<input type="checkbox"/>	<input type="checkbox"/>	Details _____
Articulated Vehicles:	<input type="checkbox"/>	<input type="checkbox"/>	Details _____

Has your licence ever been cancelled Yes No

Do you have any cases pending which could affect your licence? Yes No

Details _____

Do you have previous experience in the type of work applied for? Yes No

If yes, give details _____

Have you ever had difficulty coping with stressful events in the workplace? Yes No

If yes, give details _____

Has your use of alcohol and/or drugs affected your work performance? Yes No

If yes, give details _____

Do you have other paid employment? Yes No

If yes, give details _____

Section 8 - Additional Information

Personal Interests/Hobbies: _____

Membership of Business, Professional or any other organisations.

Name of Organisation	Years	Office Held If Any

Section 9 - Declaration

I, _____ declare that the answers to the questions 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 will not be accepted, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.

I also understand that this information is collected for the purposes of assessing my suitability for the position applied for. This suitability may also apply to any subsequent changes in employment.

Date: _____ Signature: _____

I authorise Electricity Ashburton to seek any information required in relation to criminal conviction, previous employment and ACC history and I understand that I will be required to undertake a medical assessment including drug testing, at the company's expense and choice of medical practitioner, prior to becoming a permanent employee of Electricity Ashburton.

Date: _____ Signature: _____