

APPLICATION FOR EMPLOYMENT FORM

Attached is an application for employment form which you are requested to complete, personally.

The application form is a source of information which will be used by the Employer to assist us when considering your suitability for the position for which you are applying. If successful, such information shall form part of our personnel records. Failure to supply the information requested would prejudice our ability to assess your suitability.

You are entitled to have access to this information upon request towho is the Privacy Officer. This information is currently held at:

Name of Organisation: WASTEX LIMITED

Address: 2B Mepal place, Manukau Auckland

Information relating to unsuccessful applicants shall be retained for a period of not more than 12 months.

The above information is provided in accordance with the Privacy Act 1993.

APPLICATION FOR EMPLOYMENT FORM

Note: The completion of this form does not indicate that there is any obligation on WASTEX LIMITED to engage the applicant.

PURPOSE

This information is collected for the purpose of assessing your suitability for employment with us.

Do you consent to us retaining the information provided on this application for the purposes of considering your suitability for any other position which may arise with us in the future?

Yes/No
(please circle)

PLEASE PRINT

POSITION APPLIED FOR _____

YOUR NAME (in block letters) Mr Mrs Miss Ms (circle preferred title)

SURNAME _____

First Name _____

Preferred Name _____

Are you known by any other name(s)? _____

Give details _____

CONTACT DETAILS

HOME ADDRESS

Number & Street _____

Suburb & Town _____

Telephone

Home Phone No. () _____

Work Phone No. () _____

Cellphone No. () _____

**EMERGENCY CONTACT
PERSON**

Name, phone number and address of person you would like us to notify in an emergency situation:

Name _____

Address _____

Phone No. _____

Cellphone No. _____

RESIDENT STATUS

Are you a citizen of New Zealand? Yes/No

If no, do you have the right of permanent residence? Yes/No

If no, do you have a work permit (production of a passport is required for verification)? Yes/No

EDUCATION

Name of secondary school(s) attended

from _____ to _____

**(including University,
further education etc
where applicable)**

Qualifications (School Certificate, NCEA, University Entrance subjects?)

Other Qualifications Yes/No (subjects?)

Languages

Can you speak any language other than English?

Qualifications

What qualifications/certificates/licences/or courses do you have relevant to your duties for the position applied for?

(give details) _____

Please describe the skills you hold which are relevant to the position applied for (*including any relevant computer skills*):

EMPLOYMENT HISTORY

Present or Most Recent Employer

From to

Company/Organisation_____

Address_____

Job Held_____

Main Duties _____

No. of Hours worked per week_____

Reason for leaving_____

From to

Company/Organisation_____

Address_____

Job Held_____

Main Duties _____

No. of Hours worked per week_____

Reason for leaving_____

From to

Company/Organisation_____

Address_____

Job Held_____

Main Duties _____

No. of Hours worked per week_____

Reason for leaving_____

Give any other experience that may be useful in this job

Have you ever worked for us before? Yes/No

If yes, where/when and in what role? _____

Do you have secondary employment? Yes/No

If yes, please give details

Where do you think your main talents lie? _____

REFEREES

Give name, address and telephone numbers of at least two referees. (Preferably from where you have worked).

If your application is accepted when could you commence employment?

I consent to *..... on behalf of WASTEX LIMITED seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released.

Yes/No

If yes, _____ Date _____

(Signature)

* Name of person seeking information

GENERAL

Are you prepared to work shifts if required to do so? Yes/No

Are you prepared to work overtime if required? Yes/No

Are you prepared to work weekends if required? Yes/No

Subject to the provision of the Criminal Records (Clean Slate) Act 2004: -

Are you awaiting the hearing of charges in a civil or criminal court of law on charges that may affect your application for this position? Yes/No

Have you ever been convicted of a charge in a court of law that may be viewed by us as having an effect on your application for this position? Yes/No

DRIVERS LICENCE

Do you have a current driver's licence? Yes/No

If yes, what class/es? _____

Driver's Licence Number _____

Do you have any demerit points or endorsements? Yes/No

If yes, please detail _____

What transport arrangements do you have to attend your place of employment?

HOBBIES/INTERESTS

What are your interests/hobbies/sports/clubs or community activities?

MEDICAL

Are you at present receiving medical treatment and/or medication that may affect your ability to effectively perform the employment duties pertaining to the employment position applied for?

Yes/No

If yes, please detail _____

Have you ever suffered from a back injury that may affect your ability to perform your employment duties?

Yes/No

If yes, please detail _____

State any serious injury, illness or medical condition caused by gradual process, disease or infection you have suffered that may affect your ability to effectively perform the employment duties pertaining to the employment position applied for?

Do you have any other known condition whatsoever which may affect your ability to effectively perform the employment duties pertaining to the employment position applied for?

Yes/No

If yes, please detail _____

Have you had any illness, injury or medical condition caused by gradual process, disease or infection that may be aggravated or further contributed to by the tasks pertaining to the employment position applied for?

Yes/No

If yes, please detail _____

Eyesight

Good

Not so good

Do you wear glasses/contacts etc

Yes

No

Smoker

Yes

No

DECLARATION

I,
(Full Name)

.....
..... declare that to the best of my knowledge the information supplied in this application and in any curriculum vitae and/or resume provided is correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted for employment with the company, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical details and/or medical history may result in my loss of entitlement for any compensation from ACC.

I understand that as part of my application for this position I am to complete the Request for Personal Information Form attached to this Application for Employment Form.

SIGNED

(Applicant's Signature)

(Print or type Applicant's Name)

SIGNATURE OF WITNESS:

Occupation of Witness: _____

Town/City of Witness: _____

DATE _____