

P.O. Box 37-130 Christchurch 8245

Application for Employment

Please print or type.

The purpose of this application form is to collect information to assist the company to make a decision as to your suitability for the position applied for. The information will be held with the appointing manager and will be accessible only to the members of the short listing and selection panels. If this application is unsuccessful, it will be held for a period of six months pending any reviews concerning an appointment decision and then destroyed.

POSITION APPLIED FOR:	
PERSONAL DETAILS:	
What is your preferred title?	Surname/Family Name:
First Names:	
Postal Address:	
Home Phone:	Work Phone:
Email Address:	Fax:

REFEREES

Please give details of three referees whose consent has been obtained and who may be contacted for a confidential reference. (Where possible, at least two referees should be able to give work-related information and one of those should have supervised or have been senior to you in your current or most current employment.)

1) Name:		
Contact Phone No:		
Email address:	Fax:	
2) Name:		
Contact Phone No:	Cell Phone:	
Email address:	Fax:	
3) Name:		
Contact Phone No:	Cell Phone:	
Email address:	Fax:	
Acknowledgement of receipt of Hann	n Construction Company Ltd application form.	
Name:	Date Received:	
Address:		
RELEVANT QUALIFICATIONS		
Educational Facility:		
Qualification:	Date:	

Educational Facility:		
Qualification:	Date:	
EMPLOYMENT HISTORY (list most recent first)		
Company:	Position Held:	
Hours/week:	Employed from:	To:
Reason for Leaving:		
Company:	Position Held:	
Hours/week:	Employed from:	To:
Reason for Leaving:		
Company:	Position Held:	
Hours/week:	Employed from:	To:
Reason for Leaving:		
Have you ever been convicted of a criminal offen	ce? Yes 🗌 No 🗔]
Are you awaiting the hearing of any charges in co	urt? Yes 🗆 No 🗆]
Are you legally entitled to work in NZ? Yes	No 🗌	
If yes to any of these, please explain:		

HEALTH AND SAFETY

The following information is required to assist Hann Construction Company Ltd meet its obligations under the Health and Safety in Employment Act 1992 and the Accident Insurance Act 1998.

Have you had an injury or medical condition caused by gradual process, disease, or infection – for example hearing loss, sensitivity to chemicals, occupational overuse injuries – which the task of this job may aggravate or contribute to?

If "yes" please give details and describe any technical aids or equipment, or adaptations to the workplace we would need to make to ensure your health and safety.

DECLARATION

- I understand that all information provided by me will be held on a confidential basis and that my permission will be sought before identifying personal details are released to a third party.
- I consent to Hann Construction Company Ltd undertaking reference checks pursuant to my application for a specific employment position, and recognize that all enquiries will be conducted on a confidential basis, and that Hann Construction Company Ltd has the right to maintain confidentiality of this information.
- I understand that I may access personal information about me held by Hann Construction Company Ltd and request correction of that information. This access to information excludes reference checks undertaken by the Company and all evaluative or opinion material compiled by Hann Construction Company Ltd employees for the purpose of assessing my suitability, eligibility and qualifications for employment.
- I declare that I have disclosed to Hann Construction Company Ltd all information reasonably having a bearing on whether or not Hann Construction Company Ltd might employ me. I understand that I am employed and if I have withheld any such information, my employment might be terminated for that reason alone.
- I declare that all information provided by me to Hann Construction Company Ltd is true, accurate and complete and is not designed to mislead in any way.

Signature: _____ Date: _____