



More than just building...

PAK Holdings Ltd t/a
8 Connolly Place
Milton
Palmerston North 4414
P: 06 952 3584
F: 06 952 3586
info@humphries.kiwi
www.humphries.kiwi

APPLICATION FOR EMPLOYMENT & REFERENCE CONSENT

Attached is an Application for Employment form which you are requested to personally complete.

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

The Company shall retain all information relating to unsuccessful applications for a period of 12 months from the date of this application.

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



Date of Application _____

APPLICATION FOR EMPLOYMENT

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

Purpose: This information is collected for the purpose of assessing your suitability for employment at the company, which may include subsequent changes in employment with the company.

Title of Position Applied For:

YOUR NAME (in block letters)

Family Name:

Given Names:
(underline name used)

Are you known by any other names:

YOUR CONTACT ADDRESS AND TELEPHONE NUMBERS

Contact Address:

Home Phone Number:

Mobile Phone Number:

Other No/Email: (If Any)

LEGAL WORK STATUS

Are you legally entitled to work in New Zealand?

Yes ☐

No ☐

As a New Zealand Citizen

Yes ☐

No ☐

As a Permanent Resident

Yes ☐

No ☐

As a holder of a current Work Permit

Yes ☐

No ☐

LANGUAGES

Can you hold an every day conversation in any language other than English?

QUALIFICATIONS *(Including university, further education, etc, where applicable)*

Please provide details of any University Degrees and/or Qualifications – any courses attended? (give details):

Do you have any other qualifications/ certificates/ licences/ or attended any courses? (give details):

EMPLOYMENT HISTORY

Present or most Recent Employer

Company:

Job Held/Salary:

Full Time or Part Time Position

Length of service

Reason for Leaving:

For the purposes of compliance with the Privacy Act 1993, do you consent to the company contacting your present employer for the purposes of reference checking should we have an employment offer for you.

Yes

No

Next Most Recent Employer

Company:

Job Held/Salary:

Full or Part Time Position

Length of service

Reason for Leaving:

Next Most Recent Employer

Company:

Job Held/Salary:

Full or Part Time Position

Length of service

Reason for Leaving:

Do you have secondary employment?

Yes

☐

No

☐

If yes, please detail:

Have you been the subject of disciplinary action or been dismissed by a previous employer?

Yes

☐

No

☐

If yes, please detail:

REFEREES

Give name, address and telephone numbers of at least 3 referees:

Name	Position	Company	Phone No/s

If your application is successful, when could you commence employment:

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I,

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 consent to the company seeking verbal or written information on a confidential basis about me from representatives of my previous Employers and/or referees and authorise the information sought to be for the position for which I am applying. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.

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

Yes ☐ No ☐

If yes, signature:

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Date:

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GENERAL

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

Would you consent to a Pre-Employment Drug Test if requested? Yes ☐ No ☐

Have you been convicted of a criminal offence? Yes ☐ No ☐

Have you been the subject of a Diversion ordered by the Courts? Yes ☐ No ☐

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes ☐ No ☐

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

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Do you have a current NZ Drivers Licence? Yes ☐ No ☐

If yes, what class:

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Drivers Licence Number

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Does your Drivers Licence have special conditions? Yes ☐ No ☐

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

Do you have any cases pending? Yes ☐ No ☐

If yes, please detail:

Do you have a spouse, partner, relative or household member working here or elsewhere in the industry? Yes ☐ No ☐

If yes, who?

Where?

Can you think of anything including any medical issue, which may affect your regular attendance at work? Yes ☐ No ☐

MEDICAL

Have you ever suffered from a back injury requiring time off work? Yes ☐ No ☐

Have you claimed Accident Compensation (ACC) in the last 12 months? Yes ☐ No ☐

If yes, please detail:

Have you ever needed to take more than your sick-leave allocation? Yes ☐ No ☐

If yes, please detail:

Have you had an injury or medical condition caused by gradual process, disease or infection, for example, hearing loss, sensitivity to chemicals, repetitive strain injuries, that may be aggravated or further contributed to by the tasks of this job, or affect your ability to effectively carry out the functions and responsibilities of the position applied for? Yes ☐ No ☐

If yes, please detail:

Do you have any other known condition which might put our employees or customers at risk? Yes ☐ No ☐

If yes, please detail:

DECLARATION

I DECLARE that to the best of my knowledge the information provided in this application and in any CV enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment will be terminated immediately.

I UNDERSTAND that I may be requested to do a Pre-Employment Drug Test and that this process forms part of the recruitment process established Humphries Construction. A refusal to agree, or undergo a drug test, or return a positive result from the drug test [if requested], means that my application for employment with Humphries Construction will not be able to progress.

I UNDERSTAND that false or incomplete answers relating to my medical history could mean that I cannot receive any Accident Compensation (ACC).

Signed:

Date: