



APPLICATION FOR EMPLOYMENT

PLEASE USE BLOCK LETTERS

Date of Application: Position applying for:

Your Name:

First Name: Family Name:

Date of Birth:

Your Contact Details:

Address:

Phone Number:

Email address:

Are you a New Zealand Resident? Yes / No

If no, what visa do you currently hold?

Do you have a New Zealand IRD Number? Yes / No

If yes, please provide number:

Are you currently employed? Yes / No

If yes, who with?

If no, who was your last employer?

What cleaning experience do you have?

None Hospitals Domestic Commercial Industrial Schools

Other:

Do you have a Driver's Licence? Yes / No

Is it: New Zealand / International

Where did you hear about the position?

- | | |
|--|---|
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Accommodation |
| <input type="checkbox"/> Noticeboard | <input type="checkbox"/> Other (please specify):..... |

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

Are you prepared to work on any day of the week?

Please circle any days you cannot work?

Mon Tues Wed Thurs Fri Sat Sun

Are you prepared to work on Public Holidays if required? Yes / No

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

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

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

If yes, who and where?

Are you prepared to handle all products, materials or equipment used in the industry?..... Yes / No

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

Do you Smoke ? Yes \ No

If yes are you prepared to adhere to all site smoke policies Yes \No

MEDICAL

Do you have a medical condition or disease that may affect your ability to carry out the tasks of this job? Yes / No

If yes, provide details

Are you receiving prescribed medication? Yes / No

If yes, provide details

Have you stopped work as a result of an ACC claim in the past? Yes / No

If yes, provide details

Please attach a copy of your CV OR complete the following:

Please list your previous employment:

EMPLOYER	LOCATION	POSITION	REASON FOR LEAVING

Please provide at least two references from your previous employment:

NAME	PHONE NUMBER	POSITION	POSTAL ADDRESS

All Applicants will need to submit a non-positive drug test at your own expense before you are made a Job Offer. We are registered approved urine sample collectors and testers and can do this on site for \$30.00 or you can have it done at any of the local medical centres. Do you agree to this?.....Yes / No

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 the future?Yes / No

DECLARATION:

I _____ (full name) declare that to the best of my knowledge the information in this application form and the information contained in any 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, 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 affect my ability to receive entitlements under the Accident Insurance Act 1998.

Signed:

Office use:
.....
.....

Check List

Copy of Drivers License..... Copy of Passport Visa