

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 United Civil Construction Limited which may include subsequent changes in employment with the Company.

Please Print

POSITION APPLIED FOR

.....

YOUR NAME IN BLOCK LETTERS

How do you like to be addressed _____

Family Name _____

Given Name _____

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

Give details _____

.....

YOUR CONTACT ADDRESS AND TELEPHONE NUMBERS

Contact Address _____

Contact Phone No. _____

.....

Have you reached the current school leaving age Yes / No

Have you qualified for National Superannuation Yes / No

.....

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

Name of Secondary School(s) attended

Qualifications (school certificate, university entrance) – (Subjects)

Other Qualifications

Yes / No (Subjects)

**APPRENTICESHIP
(for trade positions
only)**

Do you have your apprenticeship papers?

Yes / No

In what trade were you apprenticed? _____

Name Address

What trade qualifications do you hold? (i.e Trade Cert, Advanced Trade Cert, etc)?

QUALIFICATONS

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

Please describe the skills you hold which are relevant to the position (e.g for typist – typing speed, word processing capability, shorthand capability, etc).

EMPLOYMENT HISTORY –

Present or Most Recent Employer

Company _____

Address _____

Job Held _____

Main Duties _____

No. of Hours Worked Per Week _____

Length of Service _____

Reason for Leaving _____

For the purposes of compliance with Privacy Act 1993 do you consent to the Company contacting your present employer for the purposes of reference checking?

Yes / No

Next Most Recent Employer

Company _____

Address _____

Job Held _____

Main Duties _____

No. of Hours Worked Per Week _____

Length of Service _____

Reason for Leaving _____

Next Most Recent Employer

Company _____

Address _____

Job Held _____

Main Duties _____

No. of Hours Worked Per Week _____

Length of Service _____

Reason for Leaving _____

Next Most Recent Employer

Company _____

Address _____

Job Held _____

Main Duties _____

No. of Hours Worked Per Week _____

Length of Service _____

Reason for Leaving _____

Give details of any other job which may be relevant _____

Have you ever worked for this Company or an associated company before? eg. United Carriers Yes / No

If yes, where and when _____

Do you have secondary employment?

Yes / No

If yes, please detail _____

.....
Give name, address and telephone numbers of at least two referees.

Name	Position	Address	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____

If your application is successful when could you commence employment _____

I 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 released by them to the Company for the purposes of ascertaining my suitability 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.

Yes / No

If yes, _____ signature Date _____

GENERAL

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

Have you worked shifts before? Yes / No

Are you prepared to work overtime 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

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

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

If yes, who? _____

where? _____

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

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

DRIVING HISTORY DETAILS

Do you have a current drivers license? Yes / No

Driver Licence Number: _____ Expiry Date _____

Version Number: _____

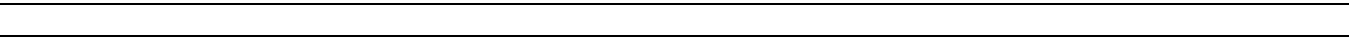
Class(es) of Licence: learner restricted full

Types of Vehicles Driven: _____

Other Categories of License: _____

Have you ever had any driving related offences of any kind?

Yes No If "**Yes**", please give details:



MEDICAL HISTORY

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. Yes / No

If yes, please detail _____

If you are offered employment the offer is made subject to your obtaining a full medical clearance following the completion of our pre-employment medical. For driver and machine operator positions the pre-employment medical includes a drug and alcohol test.

Do you agree to undergo a medical examination? Yes / No

If you are offered employment, do you consent to the Company contacting ACC for the purpose of determining your claim history? Yes / No

GENERAL

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 supplied in this application and 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 with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC.

I further understand that any offer of employment if made is conditional on my obtaining a full medical clearance through the Company's pre-employment medical, and may include checking my claim history with ACC.

Signed _____ Date _____