

JOB APPLICATION FORM

This is an application for employment with the WAIOTAHU GROUP OF COMPANIES and forms part of our Conditions of Employment. It is therefore to be completed and signed by the applicant. As part of Waiotahi Contractors policy we intend to have a drug free workforce.

A PRE EMPLOYMENT MEDICAL AND DRUG TEST, WITH SATISFACTORY RESULTS, IS REQUIRED.

WHAT POSITION(S) ARE YOU APPLYING FOR?

PERSONAL INFORMATION

What is your full name? _____

What other name(s) are you known by? _____

What is your street address? _____

What is your postal address? _____

What is your contact phone number? (Home) _____

(Other) _____

What is your date of birth? _____

*** A copy of your Birth Certificate may be required if employment is offered to you.**

If you are not a New Zealand Citizen and you do not have the right of permanent residency here, then New Zealand Immigration Legislation requires the Company to ask the following questions.

Do you have a work permit Y / N

Can you produce the evidence for the above if required? Y / N

LICENCES

(Circle the ones that apply) CAR HEAVY TRADE HEAVY TRAILER

Licence No. _____

Expiry Date _____

Do you have current demerit points? Y / N How many? _____

*** You will be required to produce your Drivers Licence for inspection and record.**

EDUCATIONAL QUALIFICATIONS

Name of School/Technical Institute / University: _____

Dates attended: _____

Qualifications obtained: _____

TRADE/OCCUPATIONAL QUALIFICATIONS

Where appropriate, you will be required to produce original qualification documents.

Are you currently studying or planning to study for any qualifications? Y / N

Give details _____

If requested, are you willing to undertake training during and/or outside business hours? Y / N

PERSONAL INTERESTS/HOBBIES

EMPLOYMENT RECORD

List your current or most recent employer first.

Current Employer: _____

Type of work: _____

Reason for leaving: _____

Period Employed: _____

Contact Name/No. _____

Past Employer: _____

Type of work: _____

Reason for leaving: _____

Period Employed: _____

Contact name/No. _____

Past Employer: _____

Type of work: _____

Reason for leaving: _____

Period Employed: _____

Contact Name/No. _____

REFERENCE CHECKS

May we contact past employers prior to job offer? Y / N

May we contact your current employer prior to job offer? Y / N

REFEREES

In addition to past employers, please give names of two non-work related persons who will provide character references if called upon.

1. Name: _____

Association (Minister / Friend) _____

Contact No. _____

2. Name: _____

Association (Minister / Friend) _____

Contact No. _____

HEALTH

This Company is concerned about your safety and health. We would like to know about any medical problems or any disabilities you have. We need to be able to give you the appropriate and prompt attention in the event of an emergency.

Do you have any health problems that may affect your attendance and/or performance at work? Y / N

Please give details: _____

How would you describe your health? Excellent / Very Good / Good / Average / Poor

In the last 12 months, how many days have you had away from work? Due to:

Sickness _____ days Injury _____ days

Domestic _____ days Other Leave _____ days

Have you ever had, or do you suffer a back problem? If yes, please give details:

Have you had any A.C.C. claims? Y / N If yes please give details:

GENERAL

Do you have any obligations which may interfere with your work attendance or performance? (family commitments, community / committee activities, sport) please explain briefly:

Are you able to work Saturdays and Sundays if required? Y / N

Are you able / and prepared to work longer than the minimum 40 hours per week if required? Y / N

As a condition of employment, would you agree to your wages being paid by direct credit to your bank account? Y / N

Are you available for work that involves staying away from your employment base? Y / N

If your application is successful it is conditional upon a three month trial period. You may also be required to work and carry out other duties on a temporary or permanent basis when requested.

If your application is successful, when can you start? _____

DECLARATION

I, _____ hereby declare that I agree to abide by the Company's rules and procedures.

I state that the answers supplied in the above application are true and correct and I accept that should my application be successful, the information I have supplied will form a part of my Contract of Employment and that any false information I have supplied is grounds for dismissal.

I hereby agree to the above terms and give my consent to undergo a medical examination and drug test when required of me.

Date: _____

Signature: _____