

Registration for Employment

Personal Information

Date:/...../..... Mr. Mrs. Miss Ms. Other

First Name(s): _____ Surname: _____

Known as: _____ Date of Birth:/...../.....

Address: _____ Home: _____

Suburb: _____ Mobile: _____

Town: _____ E-mail: _____

Location Preferences

- Any Belfast Oxford Waikuku Woodend
 Amberley Kaiapoi Rangiora Waipara Other.....

Availability

- Any Day Mon Tues Wed Thur Fri Sat Sun
 Full Time Part Time Casual Temporary Permanent
 Mornings Afternoons Evenings Nights School Hours
Rotating Shifts? Yes No Minimum Hourly Rate \$ _____

If successful for any assignment, are there any limitations that may affect your availability for work? e.g. study, sport or children commitments: _____

Licences and Endorsements

(Please produce for sighting)

Do you own a reliable car? Yes No Form of transport? _____

Do you currently hold a drivers licence? Yes No Licence Expiry: _____

Full Restricted Learner (Please circle class) 1 2 3 4 5 6 F W T R P D

Do you currently hold a Site Safe Certificate? Yes No Expiry Date: _____

Do you currently hold an OSH Certificate? Yes No Expiry Date: _____

Do you have safety gear? Steel cap boots Hi Vis Vest Other.....

nces to complete:

Preferred Role: _____ Ref Check 1: Ref Check 2:

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Employment History

Are you currently employed? Yes No How much notice is needed?

Date from: _____	Date to: _____
Current/Most Recent Employer: _____	
Position Held: _____	
Resposibilites: _____	
Reason for Leaving: _____	

Date from: _____	Date to: _____
Previous Employer: _____	
Position Held: _____	
Resposibilites: _____	
Reason for Leaving: _____	

Date from: _____	Date to: _____
Previous Employer: _____	
Position Held: _____	
Resposibilites: _____	
Reason for Leaving: _____	

Specialised Skills:

(Please state any equipment/software that you have had training/experience in.)

Education/Qualifications:

Date from: Date to: Institution/Provider: Qualification(s) gained:

Date from:	Date to:	Institution/Provider:	Qualification(s) gained:

About You:

What do you consider to be your skills? _____

What is your greatest achievement? _____

What other agencies are you registered with? _____

Industries you would like to work in? _____

Industries you would not like to work in? _____

Eligibility Information:

I am eligible to work in New Zealand: Yes No

If requested I can provide the following identification to support my eligibilty for employment:

Birth Certificate Passport Valid Work Visa Permanent Residency

✦ Have you ever been convicted by a court? Yes No

✦ Have you ever been dismissed from your employment for an offence involving drugs or dishonesty? (e.g. theft ot breach of trust) Yes No

✦ Do you have any pending court appearances? Yes No

✦ Have you ever been processed by criminal court diversion scheme? (including driving offences) Yes No

If yes to any of the above, please disclose details below:

Date:	Offence:	Reparation:

Health and Safety Declaration:

✦ Do you or have you had an injury or medical condition that can affect your attendance or contribution to any tasks that you have been assigned? Yes No
(This includes gradual process conditions, disease, or infection)

✦ Have you ever had an injury or medical condition that you claimed ACC for? Yes No

✦ Are there any enviroments you are unable to work in?(E.g. Due to a medical condition) Yes No

✦ Are you currently or have you used any illegal substances in the last 12 months? Yes No

✦ Are you suffering from or receiving treatment for problems associated with alcohol, illegal drugs or other controlled/uncontrolled substance misuse/abuse? Yes No

✦ Are you currently taking any medication, which may cause drowsiness, slow reflexes, slow reactions and/or majorly impair judgment, this affecting the safety of you or others around you? Yes No

If yes to any of the above, please disclose details below:

Should there be a history of injuries or medical conditions, including mental health conditions, your doctor may need to advise us on what limits should apply.

✦ I am aware I may be required to undergo pre-employment medical and drug testing.

Signed: _____ Date: _____

✦ If I am employed by North Canterbury Employment Solutions I may be required to undergo random medical and drug testing.

Signed: _____ Date: _____

How did you hear about us?

- Northern Outlook / The Press
- Yellow / White Pages
- Our Website
- Previously Registered
- Walk By
- Search Engine
- WINZ
- Word of Mouth
- Other.....

Work References

(Please list current and/or previous employers within the last three years)

Company Name: _____
Referee Name: _____
Referee Position: _____
Relationship to you: _____
Phone: _____ Mobile: _____ Fax: _____
E-mail: _____

Company Name: _____
Referee Name: _____
Referee Position: _____
Relationship to you: _____
Phone: _____ Mobile: _____ Fax: _____
E-mail: _____

I,.....agree that you may collect information about me from any source which relates to my application for employment. This form is an authority for those people contracted to disclose any appropriate information required by North Canterbury Employment Solutions Ltd. I understand the information gathered about me is for evaluation purposes only, and that it will be held in confidence and will not be available to me.

I declare that all information given by me and any attached documents are true, complete and correct. I understand if it is found that I have misrepresented myself or supress any information, should I have been given employment, this could lead to my contract being terminated. I agree to promptly notify North Canterbury Employment Solutions Ltd if any of the information supplied changes.

Signed.....Date.....

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