



Registration for Employment

<u>Personal In</u>	formation_	Date:		
First Name(s):	Sur	name:		
Known as:	Dat	e of birth:		
Address:	Home:			
Town:	Mobile:			
Postcode:	E-mail:			
	Would you like to receive our e-new	sletter? Yes	No]
Any Availability Any Day Any Day Full Time Day shift If successful fo	Part Time Casual Tem		Sun Permanent	– udy,
Do you have tra	<u>d Endorsements</u> nsport? ☐Yes ☐ No Form of transport? / hold a drivers licence? ☐ Yes ☐ No Licence	(Please produce 	for sighting)	
Full Do you currently	Restricted Learner (Please circle class) 1 2 / hold a Forklift OSH Certificate? Yes No / hold a Site Safe Certificate? Yes No	3 4 5 6 F V Expiry Da Expiry Da		
Your consu Preferred Ro	ultant to complete:		Or CV	n File
			Licence	
			OSH	
			Visa/PP	

About You:

How motivated are you to find work?	High	5	4	3	2	1	Low
What do you consider to be your skills?							
What is your greatest achievement?							
What other agencies are you registered with	ו?						
Industries you would like to work in?							
Industries you would not like to work in?							

Employment History

Are you currently employed?	Yes No	How much notice is needed?	
Date from:	Date to:		
Current/Most Recent Employ	ver:		
Position Held:			
Responsibilities:			
Reason for Leaving:			
Date from:	Date to:		
Previous Employer:			
Position Held:			
Responsibilities:			
Reason for Leaving:			
Date from:	Date to:		
Previous Employer:			
Position Held:			
Responsibilities:			
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:

Eligibility Information:

I am eli	igible to	work in New	v Zealand:					🗌 Yes	🗌 No
If reque	ested I c	an provide t	he following ident	ificatio	on to support my e	eligibilty	for emplo	yment:	
🗌 Bir	th Certif	ficate	Passport		Valid Work Visa		Perm	anent Re	esidency
١	Have y	ou ever bee	en convicted by a	court?				Yes	🗌 No
١			en dismissed from dishonesty? (e.g.			n offen	ce	Yes	🗌 No
١	Do γοι	ı have any p	ending court app	earand	ces?			Yes	🗌 No
١		ou ever bee ing driving c	en processed by c offences)	rimina	l court diversion s	cheme	?	Yes	🗌 No
If yes to	o any of	the above,	please disclose d	etails I	below:			Confirm	ned
Date:	Of	ence:				R	eparation:		
Healt	h and	Safety De	claration:			·			
١	Do you attenda	or have you ance or cont	u had an injury or ribution to any tas	ks tha	t you have been a			Yes	🗌 No

١	Have you ever had an injury or medical condition that you claimed ACC for?	Yes	🗌 No
١	Are there any environments you are unable to work in?(E.g. Due to a medical condition)	Yes	🗌 No
١	Are you currently or have you used any illegal substances in the last 12 months?	Yes	🗌 No
١	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	Yes	🗌 No

Are you currently taking any medication, which may cause drowsiness, slow Yes reflexes, slow reactions and/or majorly impair judgment, this affecting the safety of you or others around you?

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.

Confirmed

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

Signed:	Date:
If I am employed by Elevate I may be required to undergo rand	om medical and drug testing.
Signed:	Date:

How did you hear about us?

Our website	Facebook	Yellow / White Pages
Previously Registered	Walk By	
Word of Mouth (who)		
Other (details)		

Work References

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

Referee Name:			
Referee Position:			
	Mobile:		
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 contacted to disclose any appropriate information required by Elevate. 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 Elevate if any of the information supplied changes.

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

ElevateDate.....





WINNER OF THE 2014 PROFESSIONAL SERVICE AWARD