



# EMPLOYMENT APPLICATION

*Please bring this form to your induction*

P O Box 108  
OAMARU 9444  
Ph: 433 0240  
Fax: 434 1270

**Note**

1. Applicants are informed that the company has no job vacancies at present and that it is company policy to only make further contact if the application is successful.
2. The company has a drug and alcohol policy which may require pre employment screening and/or medical examination of the applicant.

<b>Date of Application</b>		
<b>Name</b>		
<b>Address</b>		
<b>Date of Birth</b>		
<b>Contact</b> <small>Where can we contact you</small>	<b>Phone number</b>	<b>Cell or other Phone number</b>
<b>Driver Licences Classes &amp; Endorsements</b> <small>We need to know what vehicles you can operate</small>		
Have you ever had any criminal / legal convictions? Insolvency? Bankruptcy?		Yes / No
If 'yes', please give details:		
<b>Qualifications:</b> Including any relevant Unit Standards or National Certificates from Industry Training Organisations. ie: Contractors, Bitumen, Extractives, Plumbers and Drainlayers, Water and Waste Water, Motor Trades		
<b>Work Experience:</b>	Please list three previous employers and your experience	
<b>Employer</b>	<b>Position Held / Experience</b>	<b>Year</b>
<b>Current Employment Status:</b> <small>ie When would you be able to start</small>		
<b>Position Preferred:</b>		

*Please complete the Health Questionnaire on reverse of this form*

# HEALTH QUESTIONNAIRE

Note: The Accident Rehabilitation and Compensation Insurance Act 1992, Section 7 (6) states that an applicant knowingly misrepresenting themselves as not suffering from personal injury due to gradual process will not be entitled to compensation and rehabilitation.

Have you ever had an ACC claim?

*If yes please explain:*


Were you absent from work during the past year?

*If yes please explain:*


Have you ever had medical treatment for,  
or do you suffer from:

YES:

NO:

	YES:	NO:
Back Strain or Pain		
Asthma		
Hearing Loss		
Occupational Overuse Syndrome		
Sensitivity to chemicals or other materials		

Is there anything else about your health or physical condition which may affect your ability to perform the duties proposed? *If yes please specify:*


*Please sign indicating all information is true and correct and that you give consent for Whitestone Contracting Limited, or its representative, to contact your previous employer. By signing this form you give Whitestone Contracting Limited permission to check that the qualifications and licences provided to us by you are correct, and also allow for a police check to be carried out.*

Signature:

Date: