

**Employment Application**

**Pre-Employment Form**

**P O Box 108**

**OAMARU 9444**

Ph: 433 0240

Landfill

Work

Guidelines

Landfill

Work

Guidelines

Fax: 434 1270

e-mail: info@whitestone.co.nz

***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 will require pre employment screening and/or medical examination of the applicant.***



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 ***medical examination of the applicant.***

**EMPLOYMENT**

**APPLICATION**

P.O.BOX 108

OAMARU

PHONE 434 8870

FAX 434 1270

***Please complete Health Questionnaire on Reverse of this form***

Issue Date 13-May-2003 File Ref. Employme

|  |  |
| --- | --- |
| **Date of Application** |  |
| **Name** |  |
| **Address** |  |
|  |
| **Date of Birth** |  |
| **Contact**Where can we contact you | **Phone number** | **Cell or other Phone number** |
| **Driver Licences Classes & Endorsements**We need to know what vehicles you can operate  |  |
| Have you ever had any criminal / legal convictions? Insolvency? Bankruptcy? Yes / No |
| If ‘yes’, please give details: |
|  |
|  |
| **Qualifications:** 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  |
|  |
|  |
|  |
|  |
| **Work Experience:** | Please list three previous employers and your experience |
| **Employer** | **Position Held / Experience** | **Year** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| **Current Employment Status:** **ie** When would you be able to start |  |
| **Position Preferred:** |  |

***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.

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| --- |
| Have you ever had an ACC claim?*If yes please explain:* |
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| --- |
| Were you absent from work during the past year?*If yes please explain:* |
|  |
|  |
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|  |
| --- |
| Have you ever had medical treatment for,or do you suffer from: 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*
* *Permission for a police check to be carried out.*

Signature: Date: