

APPLICATION FOR EMPLOYMENT FORM

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS OF THE FORM

PERSONAL DETAILS:			
Name			
Address			
Email Address			
Phone Number			
Driver Licence Classes & Endorsements			
Position Preferred			
Location Preferred (please circle)	Oamaru Dunedin	Fairlie Alexandra	Twizel Cromwell

QUALIFICATIONS:
Please include all relevant unit standards or National Certificates from industry training organisations; ie. Contractors, bitumen, extractives, plumbers and drainlayers, water and wastewater, motor trades etc

CURRENT EMPLOYMENT: <i>(if applicable)</i>	
Employer	
Position Held	
Responsibilities	
Length of service	
How much notice are you required to give	

PAST EMPLOYMENT: <i>(please list your last two roles)</i>			
Employer		Employer	
Position held		Position Held	
Responsibilities		Responsibilities	
Length of service		Length of service	

REFEREES: Please list two people, preferably recent employers, from whom Whitestone Contracting Limited may request confidential references.			
Name		Name	
Position		Position	
Company		Company	
Contact number		Contact number	
Dates employed		Dates employed	

RESIDENT STATUS:	
Are you legally entitled to work permanently in New Zealand	Yes / No
If not permanently entitled, what is the type and term of your work permit?	

PREVIOUS CONVICTIONS:	
Do you have any criminal convictions, and/or are you under investigation for any criminal matter? You may not have to reveal certain convictions concealed by the Criminal Records (Clean Sate) Act 2004. If you are unsure, seek independent advice. Refer to www.justice.govt.nz for further guidance.	Yes / No
If YES, please provide full details:	

HEALTH AND SAFETY REQUIREMENTS:	
Declaration of a medical condition does not necessarily exclude employment opportunities with Whitestone Contracting Limited. The following questions are to ensure you can safely carry out the position.	
Have you ever had an ACC Claim?	Yes / No
If YES, please provide details:	
Were you absent from work during the past year?	Yes / No
If YES, please provide details:	
Have you ever had medical treatment for, or do you suffer from:	
Back strain or pain	Yes / No
Asthma	Yes / No
Hearing Loss	Yes / No
Occupational Overuse Syndrome	Yes / No
Sensitivity to chemicals or other materials	Yes / No

Do you have/have you had any injury or medical condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?	Yes / No
If YES, please provide full details:	

DECLARATION	
By signing this form, you declare that all information is true and not misleading and that there is no further information that may be relevant that you have not told us about.	
Signature:	Date:

Whitestone Contracting Limited is committed to a drug and alcohol-free workplace.

Successful applicants will be required to undergo and satisfactorily pass a full medical and drug test and complete a Ministry of Justice Criminal Record check prior to employment being confirmed.