

## SITE WELD NZ LTD APPLICATION FORM

At Site Weld NZ Ltd, people are key to our success. It is important that we have the right people working in the right roles - so please take your time to fill out this form yourself so that we make sure we consider the right jobs for you.

	Suite We consider the right	t jobs for you.		
DATE:				
About you				
Your first name:				
Your surname / fam	ily name:			
Your contact addres	ss:			
Your telephone num	nbers;			
Day time:				
After hours:				
How many weekly h	ours would you be available to regul	larly work?		
Are you prepared to	work extra hours if required?	Yes	No	
•	nd to have secondary employment? ent employers at the same time)	(this means do y	ou currently work o	or plan to
Yes	No			

resident, or	hold a current work permit)			
Yes	No			
If you have	a work permit, when does this expire?			
Do you have	e a Forklift Licence? Yes	No		
Date:				
Expiry:				
Do you have	e a current drivers licence? Yes	No		
What classe	es?			
Do you have	e any demerit points or endorsements?	Yes	No	
If yes, pleas	e detail:			
the task of a	ad an injury or medical condition caused b a current or future Site Weld NZ Ltd position  No  ad a back injury that may prevent you fron	on may agg	ravate or further conti	ribute to?
Yes	No	i carrying o	dt a fole at Site Weld	NZ LIU!
Are there ar	ny aspects of your health that may prevent d position fully?	t you from	performing a current o	or future Site
Yes	No			
Do you have (Clean Slate	e any present criminal convictions, not inc	uding any o	covered by the Crimina	al Records
Yes	No			

Do you have a legal right to work in New Zealand? (legal right means you are a citizen, permanent

Are you a	waiting the hearing of charges in a civil or criminal Court of Law?
Yes	No
Have you	ever been the subject of a Diversion ordered by the Court?
Yes	No
	-
Your joi	b history
Your pres	ent or most recent employer:
-	
	Company / Owner:
	Position held:
Main duti	es:
Days / ho	urs worked per week: Company Contact:
Reason fo	r leaving:
Your next	most recent employer:
From: to:	Company / Owner:
Address: F	Position held:
Main duti	es:
Days / ho	urs worked per week: Company Contact:
Reason fo	r leaving:
-	ever been dismissed from employment? If so, which company were you dismissed from was the reason?
Company	<u>:</u>
Reason:	

## **Your Education**

Secondary School Attended
Qualifications (School Cert, 6th Form Cert, etc) Year School Subjects
Tertiary Studies or other Year School Subjects ,Qualifications, Certificates or Courses.
What skills do you have that make you suitable for the job you are applying for?
If your application is successful, when could you start work?
What transport arrangements do you have to get to work?
Referees - At least two please: (preferably managers or people you have worked with)
Name:
Position:
Address:
Phone No:
Name:
Position:
Address:

Phone No:				
Site Weld NZ Ltd may require you to undergo some checks.				
As required by the Privacy Act 1993, do you consent to Site Weld NZ Ltd conducting:				
Reference checks with your Present / Previous Employers and Referees				
NZ Police/criminal record checks and Credit reference checks				
Pre-employment medical checks				
You need to know that any offer of employment may be made subject to the company being satisfied with the outcome of any of the above checks.				
Yes No				
Your Statement				
I consent to Site Weld NZ Ltd seeking information about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to Site Weld NZ Ltd for the purposes of considering my application for employment. To the best of my knowledge the answers in this application (and other papers) are complete and correct.				
I understand that if any of this information is untrue or misleading, or any material fact withheld I will not be employed, or if I am already employed my employment will be terminated without notice. If my application is unsuccessful, I do / do not (please delete one) wish this application to be retained by Site Weld NZ Ltd so that I can be considered for future opportunities.				
Name:				
Signature: Date:				