

APPLICATION FOR EMPLOYMENT

Please return to: PO Box 346, New Plymouth 4340
or email to: admin@energyworks.net.nz

EWL Register No: _____

Section One: Personal Information

Date: _____

Surname: _____

First Names: _____

Private Address: _____

Work Address: _____

Phone Private: _____

Phone Work: _____

Mobile Phone: _____

Present Occupation: _____

Position Applied For: _____

Email Address _____

Section Two: General

1. Please list any sports or hobbies you are involved with: _____

2. Are you involved in any community organisations? Yes No
If yes, give details: _____

3. Do you have any leadership experience? Yes No
If yes, give details: _____

4. Have you been employed by this company previously? Yes No
If yes, give details: _____

5. Are you legally permitted to work in New Zealand? Yes No
If you were not born in New Zealand please state place of birth, and Passport Origin
and no. and/or Visa Permit No.: _____

6. Are you available to work overtime? Yes No
Are you available to work shifts? Yes No
Are there any days of the week you are not available to work? Yes No
If yes, state day(s): _____

7. Are you aware of any physical, mental or health conditions likely to affect the
full performance of your duties, or that may be exacerbated or aggravated by
the duties you may be required to perform? Yes No
If yes, give details, medications, etc: _____

Please note that, for safety reasons, the Company will conduct a pre-employment drugs test and reserves the right to have post-incident, reasonable grounds, random and/or post rehab drug or alcohol testing. Refusal to participate or a positive test could affect employment.

8. Are you willing to live and work outside the New Plymouth area, or overseas, if required? Yes No

9. Have you had any claims for compensation from ACC due to an accident in the last 5 years? Yes No

If yes, give details: _____

Do you give permission for the company to obtain further information relating to those accidents identified in (9) above from ACC?

Yes No

Signature: _____

10. Have you been convicted of any criminal offence? Yes No

If yes, give details: _____

11. Current Driver Licences are:

- Car Forklift Heavy Traffic Bus Other: _____
 Learners
 Restricted
 Full

12. When would you be available to start work? _____

Section Three: Education and Qualifications

Where a formal CV or Resume is attached that provides this information in full, there is no requirement to complete this section.

Years	School/University	Form	Subjects (marks)	Qualification

Have you completed an apprenticeship? Yes No

If yes, in which trade? _____ with which company? _____

Have you passed Trade Certificate or equivalent? Yes No

Have you passed Advanced Trade Certificate or equivalent? Yes No

Give details of any further Education or Professional Activities: _____

Note: Please provide copies of relevant qualifications as verification

Section Four: Employment History

Please **fully** complete the summary below, accounting for all periods, including unemployment, and attach any further information you consider relevant. Where a formal CV or Resume is attached that provides this information, there is no requirement to complete this section.

Name and Address of Employer	Position Held	Period		Reason for Leaving
		Mth/Yr	Mth/Yr	

May we contact present present/past employers for further information? Yes No

Please advise below the full name, address, position, and phone number of any persons we may contact for a character reference.

Section Five: Declaration

I declare that the information stated on this application is true, complete and correct and I understand that prior to any appointment, I may be required to undergo a test to demonstrate my ability relevant to the qualifications I hold, and/or a medical assessment of my current state of health in relation to the position for which I have applied.

I agree that

- (a) any skills test or medical assessment prior to engagement will be conducted in my own personal time, with all other expenses relating to facilities, equipment materials, and medical expenses to be at the Company's cost.
- (b) validation of any qualifications by New Zealand Qualifications Authority will be at my own cost.
- (c) the Company can conduct a pre-employment drugs test and post-incident, reasonable grounds, random and/or post rehabilitation drug or alcohol testing.

Signed: _____ Date: _____

Note: If this application is successful, a birth certificate or copy of passport will be required on engagement

PRE EMPLOYMENT MEDICAL QUESTIONNAIRE

Surname: _____ First Names: _____
 Date of Birth: ____ / ____ / ____ Position Applied For: _____

Do you currently suffer from any of the following, or have you in the past suffered from any of them?

- | | | | | | |
|-----------------------------|------------------------------|-----------------------------|---------------------------------------------|------------------------------|-----------------------------|
| High blood pressure | Yes <input type="checkbox"/> | No <input type="checkbox"/> | RSI or Overuse Syndrome | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Back or neck pain or strain | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Arthritis or rheumatism | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Eyesight problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Allergy (dusts, drugs, food, chemicals etc) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Heart problems of any kind | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Joint or cartilage problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Hepatitis A, B or C | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Skin rashes or dermatitis | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Asthma | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fear of heights | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Epilepsy or fits | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fear of enclosed spaces | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Colour blindness | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Have you ever had any injury that prevented you from working for more than one week or that required more than one week's medical treatment? Yes No

Have you ever had any illness or disease that prevented you from working for more than one week or that required more than one week's medical treatment? Yes No

Have you ever been refused employment due to injury or illness? Yes No

Do you have any physical, mental, or health conditions which may:
 affect your work performance or regular attendance? Yes No
 be aggravated by the job you are applying for? Yes No

Please comment on any questions to which you have answered 'Yes'

If employed by the company, I agree to allow regular health screening and examination by a Medical Practitioner nominated by the company including drug and alcohol testing.

I declare that the information provided in this questionnaire is, to the best of my knowledge, true and correct. I understand that false information given or material facts suppressed in this questionnaire may result in my dismissal and/or rejection of a claim for sickness or accident compensation.

Signed: _____ Date: ____ / ____ / ____