

**LONGVELD**  
**APPLICATION FOR EMPLOYMENT**  
*Confidential*



The information in this application is collected for the purpose of assessing your suitability for employment with this company which may include subsequent changes in employment with the company. The completion of this form does not indicate that there is any obligation on the company to engage the applicant. This information will form part of the company's personnel records which you are entitled to access on request to the HR Manager. If you have any queries about this form contact our HR Manager on 07 846 6901.

**Please complete personally and print clearly.**  
**Attach a current CV to this application with evidence of qualifications.**

<b>POSITION APPLIED FOR</b>	Date:	
-----------------------------	-------	--

<b>YOUR NAME</b>	Mr	Mrs	Ms	Other		(please specify)
	Family Name:					
	Given Names:					
	Name you like to be known by:					

<b>CONTACT ADDRESS AND TELEPHONE NUMBERS</b>	Residential Address:				
	Postal Address if different:				
	Mobile Phone:	Home Phone:			
	Email:				

<b>REFEREES</b>	<i>Please give details for at least two referees:</i>				
	Name:	Position:			
	Company:				
	Phone Number:	Email:			
	Name:	Position:			
	Company:				
	Phone Number:	Email:			

I consent to the company seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the company for the purpose of ascertaining my suitability for the position I am applying for.

Sign \_\_\_\_\_

For the purposes of the Privacy Act 1993 do you consent to the company contacting your **present employer** for reference checking?

Yes / No Sign if yes \_\_\_\_\_

**MEDICAL**

To meet the requirements of the Health and Safety in Employment Act, we are required to verify your fitness and suitability for the position you have applied for, so that you will not be harmed at work.

Please complete the following questionnaire, which may be forwarded to a registered medical practitioner for advice. Additionally, you may be required to undergo a medical examination by a company nominated medical practitioner, as well as a drug and alcohol screening test. This examination will be used to verify that any pre existing conditions will not be aggravated, and that you are fit to carry out the work the position requires. A job may not be offered if you refuse to undergo an examination or a drug and alcohol screening test.

Are you allergic to any substances or chemicals?	Yes/No
Have you suffered any noise induced hearing loss?	Yes/No
Are you required to wear any corrective lenses?	Yes/No
Have you suffered from high blood pressure?	Yes/No
Have you suffered from epilepsy, dizzy spells or fits?	Yes/No
Have you sufferend from heart disease or chest pain?	Yes/No
Have you suffered from any repetitive strain type injuries	Yes/No
Have you suffered from asthma or other lung function problems?	Yes/No
Have you suffered from back pain requiring time off work?	Yes/No
Do you have any problem working in confined spaces or suffer from claustrophobia?	Yes/No
Have you ever had a workplace accident requiring time off work?	Yes/No

If you have answered “Yes” to any of the questions above, **or** have any pre existing condition (listed above or not) that may affect your ability to carry out the tasks associated with the position, please explain below:

---



---



---



---



---

**GENERAL**

1. If your application is successful when could you commence employment?	
2. Are you prepared to work overtime if required?	Yes/No
3. Are you prepared to work on sites involving nights away from home?	Yes/No
4. Do you have a current drivers licence?	Yes/No
5. If yes what class/es:	
6. Do you have any demerit points or endorsements?	Yes/No
7. If yes, please give details:	

8. Do you have a spouse, partner, relative or house-hold member working somewhere else in the industry? Yes/No
9. If yes, who and where:
10. What transport arrangements do you have to attend your place of work:
11. Are you a member of any territorial force unit? Yes/No
12. If yes, have you completed whole time training? Yes/No
13. Have you reached current school leaving age? Yes/No
14. Have you qualified for National Superannuation? Yes/No
15. Are you legally entitled to work in New Zealand? Yes/No
16. Please tick the box that applies to you:
- A New Zealand Citizen (or an Australian citizen)
  - A holder of a New Zealand residence permit
  - A holder of a current work permit
  - Other entitlement – please specify: \_\_\_\_\_
17. Have you been convicted of a criminal offence in the last 10 years? Yes/No
18. If yes, please provide brief details:
19. Are you awaiting the hearing of charges in a civil or a criminal court of law? Yes/No
- If yes, please provide brief details:
20. How did you hear about Longveld? Please tick the box that applies:
- Referral from friend or associate                      Referral  
Name: \_\_\_\_\_
  - Newspaper or website advertising
  - Other – please specify \_\_\_\_\_

**DECLARATION**

I \_\_\_\_\_ (full name) declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated.

I also give my permission for the company to have access to, discuss and use the information arising from the medical questionnaire or subsequent medical examination.

Signed \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_