



EMPLOYMENT APPLICATION FORM

Private and Confidential

Applicant's Name

Collecting & Holding Personal Information	The information you provide on this employment application form will be collected and held by Ashhurst Engineering & Construction Co. (1989) Ltd.
Purpose	This information is collected to evaluate your suitability for employment.
Your Access to This Information	You have the right to access your personal information (excluding any material of an evaluative nature) and to request correction you believe are necessary to ensure its accuracy.
Position	This application is submitted for consideration for employment with Ashhurst Engineering & Construction Co. (1989) Ltd., initially for the position of: _____

Note: You should provide complete and accurate information in response to each question unless otherwise advised, regardless of whether you consider it relevant to the position applied for.

Failure to fully complete any section(s) of this form may result in your application for employment not being considered further.

Section 1 – Personal Information (Please print clearly)

First Name(s) _____	Surname _____	If you are known by any other names, please record here: _____
Mobile Number: _____	Telephone Number: _____	Other: _____
Email Address: _____		
Residential Address: _____		
Postal Address (If different from the Residential Address): _____		
Date of Birth (Optional): _____		

Name of education organisations attended (e.g. school or training organisation)	Number of Years Attended	Year Graduated	Highest qualification and standard of achievement

Section 3 – Qualifications (Including Trades) Standards of Achievement

Qualifications	Issuing Authority

Section 4 – Other Skills & Experience

Please detail any other skills and experiences which you consider are relevant

Section 5 – Employment History

Please state your current Employer and all Employers that you have worked for in the last ten years. Please note a failure to disclose a previous employer may constitute misrepresentation.

Name of Employer:

Employer Address:

Length of Service: From To

Position Held:

Nature of Work:

Reason for Leaving:

Name of Employer:

Employer Address:

Length of Service: From To

Position Held:

Nature of Work:

Reason for Leaving:

Name of Employer:

Employer Address:

Length of Service: From To

Position Held:

Nature of Work:

Reason for Leaving:

Have you ever had any gaps in employment? If yes, please explain:

*Continue history on a separate sheet if necessary***Section 6 – Referees**

Please provide the details of referees you authorise us to contact, preferably at least two that are work related.

Name:

Email Address:

Phone Number/s:

Occupation/Position Held:

Name:

Email Address:

Phone Number/s:

Occupation/Position Held:

Name:

Email Address:

Phone Number/s:

Occupation/Position Held:

Do you consent to inquiries being made regarding the accuracy of the information provided in this application form, or any other matter related to your suitability for this position from:

Present Employer: YES NO Past Employer: YES NO Other Referees: YES NO

Section 7 – Medical/ACC

All questions must be completed

Have you ever had an injury or medical condition by gradual process injury, disease or infection that may be aggravated by any tasks that you may be called upon to perform by this company?

Have you ever suffered any back injury or back strain? Yes No

Do you suffer from hearing loss or reduced lung function? Yes No

Have you ever suffered from any over-use injuries e.g. RSI or OOS? Yes No

Have you ever suffered from heart complaints, fits, seizures or epilepsy? Yes No

Do you have any other injury or medical condition that may affect your ability to effectively carry out the functions tasks and responsibilities required of the position for which you have applied? Yes No

If you have answered yes to any of the above questions in the section, please give details.

Section 8 – Criminal Offences		
Note: You are not required to disclose any information that can be concealed under the Criminal Records (Clean Slate) Act 2004 in response to the questions in this section.		
Have you ever been convicted of a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide a brief description:		
Have you been disqualified from driving or are currently under investigation or awaiting charges?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide a brief description:		
Are you awaiting hearing of any charges for any other offences?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide a brief description:		

Section 9 – General		
Are you legally entitled to work in New Zealand as a resident or as a holder of a valid work visa?		
Please indicate Visa Type:	Expiry Date:	
Any relevant conditions?		
A copy of your visa will be required if relevant.		
Do you intend to engage in other paid work whilst employed in this position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide brief details:		
Do you have any current or past restrictions on your employment (e.g. non-complete clauses)?		
Are you able to work the hours required for this role?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you able to work outside of normal day time hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide brief details of preference:		
Do you have a current New Zealand drivers' licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what class/es?	Licence Number:	
If your application is successful, when could you commence employment?		
Have you ever received disciplinary action (such as written warning) from an employer for misconduct or serious misconduct?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide brief details:		
Do you consent to the disclosure of any relevant disciplinary information related to misconduct or serious misconduct from previous employers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever taken action against a current or former employer to resolve an employment dispute, including personal grievance actions or other employment relationship issues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide brief details:		
Do you have, or are you aware of, any commitments that may prevent you from attending during company working hours or affect your ability for work additional hours (e.g. other employment, special interests, education, sports)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide brief details:		
Do you know anyone who currently works at Ashhurst Engineering & Construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide brief details:		
Are you prepared to abide by our work and safety rules?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you prepared to work as and where directed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 10 – Tests		
I understand that I will be required to undergo the following pre-employment checks:		
<ul style="list-style-type: none"> • Criminal Convictions Reporting with the Ministry of Justice • Drug and Alcohol Testing with NZDDA • ACC Pre Employment History • Hearing and Lung Function Testing 		
Do you agree to these tests	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please advise why:		

Section 11 – Additional Information		
Do you have any additional information that you would consider might assist your application? For example, achievements, interests, aspirations, etc. If so, please lift below or attached any additional information to this application form.		

Section 12 – Declaration

I understand that ongoing employment is subject to satisfactory Drug and Alcohol Testing and the receipt of satisfactory Criminal Conviction Report by Ashhurst Engineering & Construction as my employer.

I, _____ (full name), declare that, to the best of my knowledge, the answers provided in this application are correct. I understand that providing false information or suppressing any material facts may result in my application being rejected, or if employed, my dismissal. Additionally, I acknowledge that any false information given in Section 6, the medical portion of this form, may lead to the loss of my entitlement for any compensation from ACC.

Applicant's Signature

Date