

Application for Employment

Personal Details

Position applied for			
Family name			
Given names			
Contact address			
Email Address			
Home phone number		Mobile phone number	

Residency Status

Are you a New Zealand Citizen?	Y / N
Are you legally able to work in New Zealand for BGC?	Y / N (Please attach proof if not a NZ citizen)

Wage Expectations

What is your current wage and benefit package?	
What are your wage expectations for this position?	\$/hr
What are your expectations regarding additional benefits for this position? (Phone, Vehicle etc.)	

Qualifications

Relevant industry qualifications	eg: site safe, operate safe, first aid, confined space, health & safety rep, national certificate, diploma
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Employment History

Present or most recent employer

From	
To	
No. of hours worked per week	
Company	
Address	
Position held	
Main duties	
Reason for leaving	

Next most recent employer

From	
To	
No. of hours worked per week	
Company	
Address	
Position held	
Main duties	
Reason for leaving	

Next most recent employer

From	
To	
No. of hours worked per week	
Company	
Address	
Position held	
Main duties	
Reason for leaving	

Referees

Name	Relationship to you	Role/Organisation	Telephone No.

In terms of the Privacy Act, do you consent to us contacting your present or past employers for the purpose of reference checking?

Y / N

Licences

Licences held	<input type="checkbox"/> New Zealand	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> D
Infringements & Demerit Points	Please list all other than parking fines	

Criminal Convictions

(In terms with the Privacy Act this information will be kept confidential)

Have you ever been convicted of a criminal offence?		Y / N (If yes, please complete the table below)
Are you awaiting sentencing for a criminal offence?		Y / N (If yes, please complete the table below)
Offence	Year committed	Details of Sentence - fine/disqualification from driving/community work/supervision or intensive supervision/community or home detention/imprisonment

Medical

(In terms with the Privacy Act this information will be kept confidential)

Do you suffer from any medical condition that could impair your ability to perform the tasks for the role you are applying for?		Y / N (if YES please give details below)	
Details:			
Are you currently taking any medication?		Y / N (if YES please give details below)	
Details:			
Have you ever been on any medication for a long period of time?		Y / N (if YES please give details below)	
Details:			
Do you or have you suffered from any of the following?			
Diabetes	Y / N	Poor vision	Y / N
Heart condition	Y / N	Hearing loss	Y / N
Epilepsy	Y / N	Sensitivity to chemicals	Y / N (if YES please give details below)
Stroke	Y / N	Over use injury	Y / N (if YES please give details below)
Allergies	Y / N (if YES please give details below)		
Details:			
Have you ever suffered from any form of physical injury that may impair your ability to perform the tasks required of the role you are applying for? i.e. back, neck or knee injury		Y / N (if YES please give details below)	
Details:			
Do you suffer from any medical condition that has been caused by gradual process that may be aggravated further with the tasks required of this role?		Y / N (if YES please give details below)	
Details:			
Do you suffer from any phobias that would impair your ability to perform the tasks required of this role? i.e. heights/confined spaces		Y / N (if YES please give details below)	
Details:			

ACC

Please list your claims history with ACC

Date of claim	Claim No. If known	Type of injury	Type of treatment	Length of time off work if any

Please complete the attached ACC Pre-employment check form.

Declaration

It is declared that to the best of my knowledge the answers in the application are complete and correct and I understand that if any false or deliberately misleading information is supplied, or any material information is suppressed or omitted , I will not be accepted, or if I am employed, my employment will be terminated.

I give BGC expressed permission to check my Employment History, contact Referees and check my ACC Claim History to confirm my suitability for this position.

Signature

Date

Please submit with applicable documentation to support your application to:

PO Box 247

Rangiora

7440

336 Flaxton Road Rangiora

Phone: 03 313 7698

Fax: 03 313 7656

Office use only

Received by:

Date: