

Application for Employment

Personal Details

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

Qualifications

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

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)

Criminal Convictions

Have you ever been convicted of a criminal offence or are awaiting sentencing for criminal offence?		Y/N (If yes, please complete the table below)
Offence	Year committed	Details of fine/PD/supervision/imprisonment

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)	

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 employer for the purpose of reference checking? **Yes/No**

Medical

Have you had an injury or medical condition caused by gradual process, disease or injury for example hearing loss, sensitivity to chemicals, repetitive strain injuries, knee or back injuries that may be aggravated or further contributed to by the tasks of this job or limit your ability to complete a task? **Yes/No**

ACC

Please list your claims history with ACC (ACC Claims Help 0800 101 996)

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

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: