

# E B McDONALD LTD

## Application for Employment

**NOTES:**

1. To be completed personally by the applicant. Please print in BLOCK LETTERS.
2. The completion of this form does not indicate any obligations on this employer to engage the applicant.
3. Do you consent under the Privacy Act 1993, to this employer contacting your existing/former employers or referees and retaining this information on file for this employers exclusive use? **YES / NO**
4. You may attach any other information to this form which you consider relevant e.g. CV, qualification certificates, etc.

**1. POSITION APPLIED FOR:** \_\_\_\_\_  
Available start date: \_\_\_\_\_

**2. APPLICANT'S NAME**  
Surname: \_\_\_\_\_  
First Names: \_\_\_\_\_  
Name used: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ IRD Number: \_\_\_\_\_

**3. APPLICANT'S ADDRESS**  
Number and Street: \_\_\_\_\_  
Suburb and Town: \_\_\_\_\_  
Contact Number Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
**Person to contact in event of an accident or emergency**  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Number Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

**4. EMPLOYMENT STATUS**  
Are you legally entitled to work in New Zealand: **YES / NO**

**5. EDUCATION**  
Secondary School attended: \_\_\_\_\_  
Qualification gained: \_\_\_\_\_  
Qualifications or occupational Training gained: \_\_\_\_\_  
Year: \_\_\_\_\_  
Year: \_\_\_\_\_  
Year: \_\_\_\_\_  
Year: \_\_\_\_\_  
Year: \_\_\_\_\_

**6. EMPLOYMENT HISTORY**  
**Present or most recent Employer:**  
Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Position held: \_\_\_\_\_ Years of service: \_\_\_\_\_  
Current rate of pay: \_\_\_\_\_  
Main duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
**Next most recent Employer:**  
Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Position held: \_\_\_\_\_ Years of service: \_\_\_\_\_  
Main duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**7. REFEREES**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**8. GENERAL**

Have you been convicted of a criminal offence? **YES / NO**

If yes please add your signature after this question if you consent to the Department of Courts releasing such information to this employer?  
\_\_\_\_\_

Do you have a current Drivers Licence? **YES / NO**

If yes, what classes: \_\_\_\_\_

Drivers Licence Number: \_\_\_\_\_

Do you have any endorsements or demerit points? **YES / NO**

If yes please detail: \_\_\_\_\_

Are you a member of any territorial force unit? **YES / NO**

If so, have you completed whole time training? **YES / NO**

What are you interests/hobbies/sports/clubs or community activities?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have secondary employment? **YES / NO**

If yes. Please detail: \_\_\_\_\_

Is there any impediment to you travelling away or working additional hours, weekends or public holidays? **YES / NO**

If yes. Please detail: \_\_\_\_\_

Do you have the ability to do the job for which you have applied? **YES / NO**

If you have any concerns about your ability please outline below:  
\_\_\_\_\_  
\_\_\_\_\_

**9. MEDICAL**

Are you allergic to, or have any sensitivity to any substance chemicals?

**YES / NO/SPECIFY**

Have you had an injury or medical condition caused by gradual process, disease, or infection arising out of work that maybe aggravated or further contributed to by the tasks of this position?

**YES / NO/SPECIFY**

State any injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

\_\_\_\_\_

Do you have any other known condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

**YES / NO/SPECIFY**

**10. 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 suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC or any other insurer.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_