

Application For Employment

Information contained in this application for employment with Ireland Contracting Ltd will be used in the selection evaluation process, and will form part of the personnel record for the successful applicant.

The applicant must personally complete (in own handwriting) this application form. All area's **MUST BE FULLY COMPLETED** (if not applicable write n/a). If any area's are not completed, application form will either be returned or disregarded.

PERSONAL DETAILS

Name:

Address:

.....

Telephone:

Date of Birth: E-Mail Address:

Marital Status: Work Permit/Visa Expiry Date:

Smoker / Non Smoker (please circle) Have you lived Independently: No /Yes

If not currently residing in Tokoroa area, would you have somewhere to stay locally? Yes / No

Location:

(New Zealand Immigration legislation prohibits the employment of people who are not New Zealand Citizens, New Zealand Residents or holders of a current Work Permit. Evidence of eligibility for employment in New Zealand will be required prior to any offer of employment).

EDUCATION & QUALIFICATIONS

Please list the schools and educational institutions you have attended:

Secondary School	From	To
.....
.....
.....

Please list any education or Trade Qualifications gained:

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.....

Current Drivers License Number:

Driver's Licence Classes Held:

Date Licence Obtained:

Expiry of Driver's Licence:

Endorsements:

Any Restrictions or Conditions:

Machinery Skills & Experience:

	Make & Model	No. of Hrs/Yrs
Tractors & Trucks:

Maize Planter:
Disc:
Power Harrow:
Mowers – Single/Double/Triple:
Rake:
Baling: (Grass Only)
Forage Harvester:
Muck Spreading:
Stacking – Bunker, Grass/Maize:
Roller Drilling:
Undersowing:
Digger:

List Here:

Other Machinery Used, Welding &

Engineering Abilities:

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General Maintenance: At Ireland Contracting Ltd we take pride in our machinery and maintain to a very high standard.

Do you have experience in completing oil changes & greasing machinery? Yes / No (if so in what machines)

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GENERAL:

Safety in the workplace is the utmost importance to Ireland Contracting Ltd, thus excellent driving ability and quick logical reactions are required to get out of difficult situations. How do you consider your driving ability and safety with machine operation: (Please Circle)

Poor / Above Poor / Average / Above Average / Excellent

Have you been absent from work in the last 12 months of employment (other than for annual holidays)?

Yes / No (If yes, please state reason and duration)

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.....

Do you have any commitments or interests, which may interfere with your regular attendance at work?

Yes / No (If yes, please specify)

.....

Would working statutory holidays or more than 45 hours a week be a problem?

Yes / No

Do you have excellent communication skills with relation to employers, other staff and clients?

Yes / No

Please tell us a bit about yourself (personality, work ethic etc):

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.....
.....

Do you drink or take drugs?

Yes / No Alcohol / Drugs / Both

If you answered yes, then how often?

.....

Have you ever been convicted (Criminal, Driving or Other) in a Court in New Zealand or Overseas?

Yes / No (If yes, please state)

.....
.....
.....

Are there any charges against you yet to be heard? (Driving or Otherwise)

Yes / No (If yes, please state)

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.....
.....

Are there any reasons why you would not be able to attend work on time?

Yes / No (If yes, please state)

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.....

Do you have secondary employment?

Yes / No (If yes, please state)

.....

Are you in a relationship with a person employed by a company in competition to Ireland Contracting Ltd where there's a risk of collusion, which could be detrimental to us?

Yes / No

Random blood and/or urine samples for drug and/or alcohol analysis maybe requested from time to time. Are you agreeable to this?

Yes / No

At Ireland Contracting Ltd, we require employees to perform alternative duties as and when required. Would you be agreeable to this?

Yes / No

Can you work under pressure and in a team environment?

Yes / No

PREVIOUS INJURY AND/OR PRE-EXISTING CONDITION

Please Note: Where a person misrepresents themselves in writing to the employer before commencing employment in response to a specific request from the employer to provide information regarding personal injury, gradual process injury, disease or infection or if the applicant refuses to undergo a base line hearing test, there will be no entitlement to cover under the Act for any injury so misrepresented.

Do you suffer from any injury or ailment, which may affect your work performance or regular attendance at work?

Yes / No (If Yes, please provide full details)

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.....
.....

Have you ever suffered from any gradual process injury, disease or infection such as:

Hearing Loss:	Yes/No	Respiratory Problems	Yes/No
Heart Problems:	Yes/No	Eye Sight Problems:	Yes/No
Back Injury:	Yes/No	Substance Abuse:	Yes/No
Recurring Migraine-Headache:	Yes/No	Mental Health:	Yes/No
OOS: (Occupational Overuse Syndrome)	Yes/No	Stress Leave: Diabetes:	Yes/No Yes/No

If Yes to any of the conditions above, please give full details:

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.....
.....
.....
.....

Would you authorise our insurer to obtain medical and any other records that are or maybe relevant to a claim?

Yes / No (if No, please provide details)

.....

If your application were successful, when would you be available to commence employment?

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If requiring Seasonal Employment, when would you cease employment?

.....

Please complete the ACC claims check form at the end of this application (overseas applicants don't need to fill it in).

EMPLOYMENT HISTORY

(Please list your current or most recent employer first):

Employer: **Phone No.**

Website:

Position: **From:** **To:**

Reason for Leaving:

.....

Contact for Reference - Name:

Position Title:.....

Employer: Phone No.

Website:

Position: From: To:

Reason for Leaving:

Contact for Reference - Name:

Position Title:

Employer: Phone No.:

Website:

Position: From: To:

Reason for Leaving:

Contact for Reference - Name:

Position Title:

I have read and understood the nature of the information to be sought from past employers and authorise the collection of such information from the person so listed or some other person or persons within that employer's enterprise.

I have personally completed this application form and the Employment History section, and declare that the information provided in this application and my C.V where provided is correct. I understand that falsification of information or suppression of material information will result in instant dismissal.

Name: (please print)

Signature:

Date:

Please return to: **Ireland Contracting Ltd**
PO Box 497
TOKOROA 4333

Email: irelandcontracting@xtra.co.nz

Pre-employment check - request for ACC claims history

Please complete this form and then email it to preemploymentchecks@acc.co.nz, including a copy of the applicant's photo ID.

Employers and recruitment agencies: unless the job applicant gives specific permission, the claims history provided will not include information about any:

- mental injury as a consequence of physical injury claims
- declined claims
- treatment injury claims
- claims occurring more than 10 years ago
- sensitive claims
- wilfully self-inflicted claims
- accidental death claim dependants

PART A: IDENTIFYING DETAILS

1. JOB APPLICANT'S DETAILS	
PLEASE COMPLETE CLEARLY IN CAPITAL LETTERS	
Full name:	Date of birth:
Other names:	Phone number:
Address:	Last address (if applicable):

2. EMPLOYER OR RECRUITMENT AGENCY DETAILS	
Organisation name:	Contact person's name:
Contact phone number:	Contact email address:
Address:	

PART B: CONSENT FOR ACC TO RELEASE INFORMATION

3. JOB APPLICANT'S CONSENT AND SIGNATURE	
I authorise ACC to release my ACC claims history to the employer or recruitment agency named in Part A.	
I understand that this information will only be used to decide whether I can carry out the job safely.	
I understand I have the right:	
<ul style="list-style-type: none"> • to see and correct this information under the Privacy Act 1993 • that the employer or recruitment agency will use this information responsibly, and comply with the Privacy Act 1993, Health Information Privacy Code 1994 and the Human Rights Act 1993 • that the employer or recruitment agency will destroy the information once the job application process is complete. 	
Job applicant's signature:	Date: