# TAURANGA CANVAS COMPANY LIMITED APPLICATION FOR EMPLOYMENT

<u>Note:</u> The completion of this form does not indicate that there is any obligation for Tauranga Canvas Co Ltd to engage the applicant.

#### PURPOSE

This information is collected for the purpose of assessing your suitability for employment at Tauranga Canvas Co Ltd which may include subsequent changes in employment with Tauranga Canvas Co Ltd. We wish to retain the information on file. (Permission granted - not granted.)

Position applied for:							_	
Your Name: (in block letters)	Mr		Miss				_	
Your Home Address:							_	
Home Telephone:							_	
Mobile Telephone:							_	
Resident - are you a citizer	n of New Zealan	d?		Tyj	pe - Yes or No			
Education: Name of secondary school	(s) attended: (in	cluding	University	, Further educ	cations etc, where	e applicable)		
					from:		to:	
					from:		to:	
					from:		to:	
Qualifications:								
Qualifications (School Cer	tificate, Univers	ity Entra	ance) subje	ects:				
Qualifications								

What qualifications/certificates/licenses/or courses do you have relevant to Tauranga Canvas Co Ltd?

(give details)

### **Employment History**

Present or Mos	t Recent Employer
From	Company
То	Address
	Job Held
	Main Duties
	No. of hours worked per week
	Reason for leaving
	For the purposes of compliance with the Privacy Act 1993, do you consent to Tauranga
	Canvas Co Ltd contacting your present employer, for the purposes of reference checking.
	Yes/No

## Next Most Recent Employer

From	Company				
То	Address				
	Job Held				
	Main Duties				
	No. of hours worked per week				
	Reason for leaving				
	-				

### Next Most Recent Employer

From	Company
То	Address
	Job Held
	Main Duties
	No. of hours worked per week
	Reason for leaving

#### Referees

Give name, address and telephone numbers of at least two referees. (Preferably from where you have worked)

Name	Position	Address	Phone No.

## **MEDICAL**

		Туре
Do you agree to undergo a medical examination if required?	Yes or No	
Do you agree to undergo drug testing if required?	Yes or No	
Are you at present receiving medical treatment and/or medication?	Yes or No	
If yes, please detail		
Are you allergic to, or have any sensitivity to any substances or chemicals?	Yes or No	
Do you smoke?	Yes or No	
Have you ever suffered from a back injury requiring time off work?	Yes or No	
Have you any medical implants (e.g metal rods) or devices (eg. Pacemakers)	Yes or No	
(except for dental fillings & plates).		

State any serious injury or illness (including stress) 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 or No	
If yes, please detail		

## **GENERAL**

Are you prepared to work shifts if required to do so?	Yes or No			
Do you have any criminal convictions, not including any concealed under the Criminal Records (Clean Slate) Act?				
	Yes or No			
Have you ever been the subject of a Diversion ordered by the courts?	Yes or No			
Are you awaiting the hearing of any criminal charges?	Yes or No			
If yes, please detail:				
Are you prepared to handle all products, materials or equipment used in this industry?	Yes or No			
Do you have a current drivers license?	Yes or No			
If yes, what class?				
Drivers License number				
Do you have any demerit points or endorsements?	Yes or No			
If yes, please detail:				
Do you have a current forklift license?	Yes or No			
What are your interest/hobbies/sports/clubs or community activities?				

C:\Users\Janeen\Dropbox\DBTauranga Canvas\Employee Training & Inductions\Application for Employment.doc

## Machinery/Equipment Experience

Listed below is some of the machinery you might be required to operate should your application for employment with Tauranga Canvas Co Limited be successful. In order for the company to initially assess your experience and competence with the range of machinery it uses – please complete the table below.

Machinery/Equipment Type	Have you used this type of machinery in the past? Y/N	If yes –for how long? Years/Months	Do you have any documentation certifying such training/experience
Drills			trunnig/experience
Industrial Sewing Machine			
Forklift			
Rivet Gun			
Huck Gun			
Drill Press			
Drop Saw			
Skill Saw			
Grinders			
Linishers			
Hot Gun / Knife			
Rope / Webbing Cutter			
Press Machine			
Gantry Crane			
Table Plotter			
High Frequency Welder			
Air Compressor / Air Lines			
Other (list)			

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 fact suppressed, I will not be accepted, or if I am employe	ed, my employment will be
terminated. I also understand that any false information given in relation to my medical histor	y may result in my loss of
entitlement for any compensation from ACC.	