



PO Box 14385
Tauranga 3143
isl@independentstevedoring.co.nz

CONFIDENTIAL

To be completed personally by Applicant

Date of Application

Application for Employment

Note: The completion of this form does not indicate that there is any obligation on the Company to engage the applicant

Purpose

This information is collected for the purpose of assessing your suitability for employment with *Independent Stevedoring Ltd*, which may include subsequent changes in employment with the Company.

Please Print

POSITION APPLIED FOR _____

YOUR NAME IN BLOCK LETTERS How do you like to be addressed: _____

Family Name _____

Given names (underline) _____

Are you known by any other names(s) _____

Give details _____

YOUR CONTACT ADDRESS AND TELEPHONE NUMBERS

Contact Address _____

Contact Phone No _____

Email address _____

Are you over 18? Yes/No

Have you qualified for national Superannuation Yes/No

Legal Work Status

Are you entitled to work in New Zealand? Yes/No

Education

Qualifications (school certificate, university entrance) – (subjects)

(including university, further education, etc. where applicable _____

Qualifications

Do you have any qualifications/certificates/licences/or attended any courses (give details)

Please describe the skills you hold which are relevant to the position applied for (e.g. crane operation, heavy trade, forkhoist, excavator, loader operation, etc.)

Employment History

Present or Most Recent Employer

Company _____

Address _____

Job Held _____

Main Duties _____

No. of hours worked per week _____

Length of Service From/..../.... To/..../....

Reasons for Leaving _____

For the purposes of compliance with the Privacy Act 1993 do you consent to the Company contacting your present employer for the purposes of reference checking

Yes/No

Next Most Recent Employer

Company _____

Address _____

Job Held _____

Main Duties _____

No. of hours worked per week _____

Length of Service From/..../.... To/..../....

Reasons for Leaving _____

Next Most Recent Employer

Company _____

Address _____

Job Held _____

Main Duties _____

No. of hours worked per week _____

Length of Service From .../.../... To .../.../...

Reasons for Leaving _____

Give details of any other job, which might be relevant _____

Have you ever worked for this Company or an associated company before? Yes/No

If yes, where and when _____

Do you have secondary employment or other ways to supplement your income? Yes/No

If yes, please detail _____

Referees

Give name, address and telephone numbers of at least two referees.

Name	Position	Address	Phone Number

If your application is successful when could you commence employment _____

I consent to the Company seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the Company for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.

If yes, _____ Signature. Date _____

General

Are you prepared to work shifts if required to do so? Yes/No

Have you worked shifts before? Yes/No

Are you prepared to work irregular hours including weekends? Yes/No

Are you prepared to work overtime if required? Yes/No

Have you ever been convicted of a criminal offence? Yes/No

Independent Stevedoring Ltd operates in customs controlled areas under contracts with port companies. It must ensure that its employees meet those port companies' requirements for persons working in a customs controlled area. You are therefore required to disclose all convictions unless they are covered by the Criminal Records (Clean Slate Act) 2004. Please be aware that information about criminal convictions may be shared with port companies for the purpose of assessing your suitability for employment. Details of criminal convictions:

Offence	Year Committed	Details of Fine / Sentence

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes/No

If yes, please provide detail:

Are you prepared to handle all products, materials, or equipment used in the industry? Yes/No

Do you have a current drivers licence? Yes/No

If yes, what class(es)? _____

Drivers Licence No _____

Do you have any demerit points or endorsements? Yes/No

If yes, please detail _____

What transport arrangements do you have to attend your place of employment? _____

Do you have a spouse, partner, relative or household – member working here or elsewhere in the industry.

If yes, who? _____

Where? _____

What are your interests/hobbies/sports/clubs or community activities?

Medical

If you are offered employment the offer is made subject to you obtaining a full medical clearance following the completion of our pre-employment medical and drug testing.

Do you agree to undergo a medical examination and drug test? Yes/No

Have you had an injury or medical condition caused by gradual process, disease or infection for example hearing loss, sensitivity to chemicals, repetitive strain injuries or back injuries that may be aggravated or further contributed to by the tasks of this job?

Yes/No

If yes, please detail _____

Do you consent to the Company retaining the information contained in this application form for the purposes of considering your suitability for any other position, which may arise with this Company in the future?

Yes/No

Declaration

I _____ (full name) declare that to the best of my knowledge the information supplied in this application and in any resume provided is 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 employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC. I further understand that any offer of employment if made is conditional on my obtaining a full medical clearance through the Company's pre-employment medical.

Signed _____

Date _____