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| Employment Application | | |
| Position applied for: | | |
|  | | |
| Personal details: | | |
| Surname: | Given Names: | |
| Address: | | |
| Home Phone: | Mobile No: | |
| Email Address: | | |
| DOB: | | |
| Drivers Licence: | Version: | |
| Classes: | Endorsements: | |
| Qualifications: | | |
| COVID-19 Vaccination Status: First Jab  Fully Vaccinated  Not Vaccinated | | |
| Reference: | | |
| Employer: | | |
| Occupation: | | Duration: |
| Notes: | | |
| Disabilities/Medical Conditions (related to your ability to perform this role): | | |
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| ***Acknowledgement: Please read carefully and ensure you understand the following before signing*** | | |
| * I am legally entitled to work in New Zealand | | |
| * I have never been convicted of any criminal offence in a New Zealand Court, including fines, except for convictions that may be protected under the Clean Slate Act? | | |
| * I confirm the above details are correct and authorize the company to make any such enquiries of me as they see fit in this application for employment; and thereafter during any employment that may be offered by the company. | | |
| * I understand that this information will be held by the company in accordance with the Privacy Act 2020 and that I have the right to access my personal information at any time and request that any incorrect information be amended. | | |
| * If my employment is contingent on me holding a current driver’s licence, I understand that   my driver licence details may be loaded into a secure database for the purpose of confirming driver licence details, licence status and demerit points and that any changes will be advised to the company, and my employment may be terminated at the company’s sole discretion if I am disqualified from driving for whatever reason   * I understand that the company may be unable to offer me employment if I choose not to enter any work history, references, or my COVID-19 vaccination status (if the role requires only fully vaccinated Workers) | | |
| * I understand the company may require a pre-employment drug test and that I may be subjected to a drug and/or alcohol test at any time thereafter in accordance with the company’s health and safety policy. | | |
| * I confirm that I have divulged all details of any adverse medical history and/or previous ACC claims or treatments that would reasonably be classified as pre-existing conditions that may preclude any similar claims against the company. | | |
| * I understand that any false or misleading information or material fact suppressed may result in my employment being terminated.   Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| Next of Kin: | | | | |
| Name: | | | | |
| Address: | | | | |
| Phone No: | | | | |
| **Secondary Emergency Contact** | | | | |
| Name: | | | | |
| Address: | | | | |
| Phone No: | | | | |
| **Medical** | | | | |
| Medical Centre/Doctor: | | | | |
| Disabilities/Medical Conditions/Allergies: | | | | |
| Medication: | | | | |
| Position: | | | | |
| Role: | | | | |
| Start Date: | | Finish Date (if applicable): | | |
| Permanent / Casual / Contract | Part Time / Full Time | Remuneration: | | |
| Documentation Checklist | | | Date Issued | Date Received |
| Employment Agreement | | |  |  |
| Job Description | | |  |  |
| Copy of Drivers Licence | | |  |  |
| Induction | | |  |  |
| Drivers Licence Check | | |  |  |
| COVID-19 Vaccination Certificate/Pass | | |  |  |
| IR Forms | | |  |  |

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| **Tax and Bank** | |
| IRD no. | Tax Code: |
| KiwiSaver: | Employee Contribution: 3% 4% 8% |
| Bank Account Name: | |
| Bank Account No: | |