

# Application For Employment

The following information is collected for the purpose of assessing your suitability for employment with Carlton Taylor Industries Ltd (CTI). It may also be used for the statistical evaluation of the selection process. If your application is successful, this form will be retained on your personnel file for the duration of your employment. It may be accessed and corrected by you. If your application is unsuccessful, this form will either be destroyed or, if you agree below, will be held on file for up to 90 days and may be referred to for subsequent vacancies.

**Position applied for:** ..... **Date:** .....

## Personal

First Names: ..... Last Name: .....

Address: .....

Telephone: Day ( ) ..... After hours ( ) .....

Email Address: .....

Have you previously worked for CTI?  YES  NO If YES, From ..... to .....

Have you previously applied to join CTI?  YES  NO If YES, date applied: .....

Do you have a spouse, partner, relative, or household member working here or elsewhere in this industry?  YES  NO

Are you a member of any organisations which may require you being absent during working hours?  YES  NO

Do you have a current driver's licence? (answer only if required for this position)  YES  NO  N/A

Are you looking for: Full-time  Part-time  or Casual  employment? If selected, when could you begin employment? .....

If unsuccessful, may CTI hold this form for consideration for future vacancies?  YES  NO

**Are you a New Zealand citizen?**  YES  NO If you are not a New Zealand citizen, do you have:

(a) A residence visa  YES  NO (b) A work visa or permit to work  YES  NO (c) any other legal entitlement to work  YES  NO

**Note: If you are not a NZ citizen, you will need to verify your current entitlement to work prior to appointment**

## How did you find out about this position?

(a) Publication Name: ..... Date: .....

(b) Other source: (Please specify) .....

## Education and Training (NB: Evidence of qualifications/licences will be required before a selection decision is made)

Please list below, ALL qualifications/certificates obtained which you consider relevant to the position applied for (eg High School Qualifications, Diploma(s), Degree(s), NZQA Unit Standards/Qualifications etc)

Name of Institution/Training Provider	Date Started	Date Completed	Qualification(s)/Certificates Obtained

Are you studying at present?  YES  NO If YES, please specify course/qualification & anticipated completion date: .....

Do you have a current First Aid Certificate?  YES  NO (If "YES" then please attach a photocopy to this Application Form)

## Work Experience *(Please only provide the Work Experience information requested below that is not contained in your CV)*

Name of **most recent** employer: ..... Position held: .....

Key tasks performed and/or major skills, knowledge & abilities developed: (1).....  
 (2).....  
 (3).....

Dates employed: **From** ..... **To** ..... Hourly rate or salary: .....

Manager's/Supervisor's Name: ..... May we contact this employer for a reference? Yes  No

Reason(s) for leaving: .....

Name of employer: ..... Position held: .....

Key tasks performed and/or major skills, knowledge & abilities developed: (1).....  
 (2).....  
 (3).....

Dates employed: **From** ..... **To** ..... Hourly rate or salary: .....

Manager's/Supervisor's Name: ..... May we contact this employer for a reference? Yes  No

Reason(s) for leaving: .....

Name of employer: ..... Position held: .....

Key tasks performed and/or major skills, knowledge & abilities developed: (1).....  
 (2).....  
 (3).....

Dates employed: **From** ..... **To** ..... Hourly rate or salary: .....

Manager's/Supervisor's Name: ..... May we contact this employer for a reference? Yes  No

Reason(s) for leaving: .....

Name of employer: ..... Position held: .....

Key tasks performed and/or major skills, knowledge & abilities developed: (1).....  
 (2).....  
 (3).....

Dates employed: **From** ..... **To** ..... Hourly rate or salary: .....

Manager's/Supervisor's Name: ..... May we contact this employer for a reference? Yes  No

Reason(s) for leaving: .....

## Preferred Hours of Work, Overtime + Licences

What hours of work would you prefer to work? Start time: ..... Finish time: .....

What days of the week would you prefer to work? Mon / Tues / Wed / Thurs / Fri / Sat / Sun **(please circle those days that apply)**

Specific roles within CTI may require you to work overtime. Are you prepared and able to work Overtime?  **YES**  **NO**

Do you hold a current Forklift Licence?  **YES**  **NO** (If "YES" then please attach a photocopy to this Application Form)

## Health

Do you have any injuries, disabilities, or medical conditions that may either interfere with, or be aggravated by, the job applied for? YES  NO

If you have had (or have) an injury, disability, or medical condition caused by gradual process, disease, or infection - for example, hearing loss, sensitivity to chemicals, repetitive strain injuries etc - which the tasks of this job may aggravate or contribute to, then please specify below:

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### HEALTH DECLARATION (To be completed during the interview following an explanation of the job):

I have had the tasks associated with the job I am applying for explained to me and acknowledge that I **DO NOT** have any injuries, disabilities, or medical conditions which may either be aggravated by these tasks or interfere with my ability to perform the job.

Signature: ..... Date: .....

## Criminal Offences *(Parking Offences may be omitted)*

Have you been brought before any court (including a Children and Young Persons Court) on any charge in the last 10 years? YES  NO

Are you awaiting the hearing of a charge in any court (including a Children and Young Persons Court)? YES  NO

If you answered YES to either of the above then please give full details of the charge(s) and the sentence or order of the court:

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## Referees

Please provide the names and contact details for at least two referees that can speak about your ability to perform the job for which you have applied. By providing these details, you approve of these referees being contacted.

Name of Referee <i>(Either current employer and/or past employers)</i>	Referee's Job Title & your relationship with them <i>(eg Factory Manager. My Supervisor)</i>	Company	Contact Phone Numbers

## Declaration

I understand that I may be required to undergo a medical examination as part of a Hamer Group Company's recruitment process. I agree to undertake such a medical examination and I authorise the person conducting this examination to divulge any job relevant medical information to Hamer personnel for the purpose of employment assessment.

I agree not to disclose to others or use for my own benefit, and confidential information, method, or process which I may acquire either, as part of a Hamer Group Company's recruitment process, or if employed, in the course of my employment.

I, ..... (full name), declare to the best of my knowledge the answers given in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I may not be employed. If I am employed and this information comes to light, I may be dismissed.

**Signature of Applicant:** ..... **Date:** .....