



APPLICATION FOR EMPLOYMENT

Position Applied For		Date	
Name		DOB	
Address			
Hm Phone		Mobile	

Current Employer	
Current Position	
Previous Employment Record	

Licence Number (5a)	
Classes & Endorsements Held	
Other Relevant Qualifications	

We deal with a variety of hazards, Manual Handling, Confined Space, Noise to name a few, do you or have you had a disability, health condition, or accident that has affected, or could potentially affect your performance or attendance at work? If Yes please provide details:

Yes / No

Have you had any ACC claims within the last 10 years?

Yes / No

If Yes please provide details

Failure to disclose true and complete information may be treated as Serious Misconduct
As part of our recruitment process you will be required to undertake a pre-employment drug screening

Signed: _____

Date: ____ / ____ / ____