

EMPLOYMENT

Application Form

Doc ID Revision No Issue Date DC5110 1.0 9/06/2017

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

CONFIDENTIAL	To be completed personally by Applicant					
Date of Application						
POSITION APPLIED FOR	Surface Underground (Circle which applies)					
YOUR NAME						
In block letters	Family Name:					
	Given Names (underline name used):					
YOUR CONTACT ADDRESS AND	Contact address					
TELEPHONE NUMBERS						
	Mobile Phone No: Other No. (If any):					
DATE OF BIRTH	//					
LEGAL WORK STATUS	Are you legally entitled to work in New Zealand? Yes/No					
	As: A New Zealand Citizen Yes/No					
	A New Zealand Citizen Yes/No A permanent resident Yes/No					
	A holder of a current work visa Yes/No					
EDUCATION	Name of secondary school attended					
Including polytech, further education.	name or secondary sorror attended					
etc where applicable						
	Qualifications (NCEA) – (subjects)					
	Other Qualifications Yes/No (Subjects)					
	Other Qualifications resymbol (Subjects)					
	Do you hold any trade qualifications? (i.e. Trade cert, Advanced Trade Cert.					
	Etc)					
QUALIFICATIONS	Do you have any other qualifications/certificates/licences/or attend any					
	courses? (give details).					
	Please describe the skills you hold which are relevant to the position applied					
ADDITIONAL INFORMATION	for					
ADDITIONAL INFORMATION	know if you need assistance with any of the following (please circle)					
	Writing Reading Numeracy					
	3					
	To help us help you, tell us which way you find it easiest to learn a new task					
	(Please circle one)					
	By demonstration By verbal instruction					



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By Listening and taking notes

By being actively involved

EMPLOYMENT HISTORY	Present or Most Recent Employer				
	Company				
	Address				
	Job Held Main Duties				
	No of hours worked per week Length of service				
	Reason for leaving For the purposes of compliance with the privacy act 1993 do you consent to the company contacting your present employer				
	Next Most Recent Employer				
	Company				
	Address				
	Job Held				
	Main Duties				
	No of hours worked per weekLength of service				
	Reason for leaving Next Most Recent Employer Company				
	Address				
	Job Held				
	Main Duties				
	No of hours worked per weekLength of service				
	Have you Ever worked for this Company or an associated company?	Yes/No			
	before?				
	If yes where and when:				
	Do you have secondary employment?	Yes/No			
	If yes please detail:				



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REFEREES	Give name, ad	Give name, address and telephone numbers of at least two referees				
	Name	Position	Address	Phone No.		
If your application is successful when coul	d you commence	e employment:				
This is necessary for the compliance with the Privacy act	I					
Signature:			Date			
GENERAL	Are you pre	pared to work shifts if re	equired to do so?	Yes/No		
	Have you wo	orked shifts before?		Yes/No		
	Are you pre	pared to work overtime	e if required?	Yes/No		
	Are you will	ing & confident working	g in remote and bush site	es? Yes/No		
	Do you have	e any present criminal co	onvictions?	Yes/No		
	Not includin	g any concealed under	the Clean Slate Act.			
	Have you be	een the subject of Divers	sion ordered by the cour	rts? Yes/No		
	Are you awa law?	Are you awaiting the hearing of charges in a civil or criminal cour law?		court of Yes/No		
		Are you prepared to handle all products, materials, or equipment used in the industry?		oment Yes/No		
	Do you have	e a current drivers licend	ce?	Yes/No		
	If yes what o	If yes what class?				
	Drivers Licer	nce No:				
		Do you have a spouse, partner, or relative working here or elsewhere in the same industry?				
	If yeas who?)		Yes/No		
	Where?					



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MEDICAL If you are offered employment the offer may be made subject to your obtaining a full medical clearance (by completion of a medical examination) to assess your fitness for the job for which you are applying. Do you consent to undergo a medical examination if you are offered Yes/No employment Do you consent to any biological monitoring in accordance with the Yes/No Health and Safety in Employment Act 1992 if applicable Do you have any health-related issues that may impact on your ability to perform the tasks listed in the Job Description and/or Task Analysis for the job that you are applying for? (For example: Hearing loss, Repertory difficulties, Back and/or any other sprains or weakness, Fear of enclosed places, Visual impairment, Epilepsy or Diabetes If yes, please detail: **PRIVACY ACT CONSENT** Do you consent to the Company retaining the information Yes/No contained in the application form for the purposes of considering your suitability for any other position which may arise with this Company in the future? **DECLARATION** I (full name) declare that to the best of my knowledge the information provided in this application and in any resume enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed. I will not be employed or if I am employed, my employment may be conditional on my obtaining a full medical clearance Date: The completion of this form does not indicate that there is any obligation on Note: the Company to engage the applicant This information is collected for the purpose of assessing your suitability for Purpose: employment at Alton Drilling which may include subsequent changes in employment with the company Completed form may be emailed: felicity@altondrilling.co.nz