



Application for Employment Form

This information is needed for the purpose of assessing your suitability for employment at Freight Haulage Ltd. It is not a job offer. The information collected may be used for employment purposes.

PLEASE PRINT CLEARLY

Date								
Position Applied for:								
Location:								
Personal Details								
Mr		Mrs		Miss		Ms		
Surname								
Given Names								
Known by any other name								
Home Address								
Home Phone Number								
Work Phone Number								
Mobile Phone Number								
Email								
Are we able to contact you at work?					Yes		No	
Work Eligibility								
Do you have the right of permanent residence in New Zealand?					Yes		No	
If no, do you have a current work permit?					Yes		No	
Can you provide evidence of the above?					Yes		No	
Education and Training (NCEA, School Certificate or University Entrance)								
Date	Subjects			Results				
Further Education (University, polytechnic, evening classes etc)								
Date	Subjects			Results				



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Professional or other training (eg Site Safe)				
Date	Subjects	Results		
Please describe the skills you hold which are relevant to the position applied for (formal qualifications not necessary):				
State of Health				
<p>The purpose of gathering the following information is to enable Freight Haulage Ltd to determine whether you have any medical conditions, injury or impairment which may affect your ability to perform the required work. It will also identify areas where there could be a health and safety risk to yourself, or others in relation to such condition, previous injury or impairment.</p> <p>NB: Any false information given in relation to your medical history may result in loss of entitlement from ACC.</p>				
<p>Have you consulted a health professional for Occupational Overuse Syndrome – OOS (RSI)?</p> <p>NB: A prior OOS (RSA) condition may not prevent you working for Freight Haulage Ltd, although injury documentation may be requested.</p>	Yes		No	
<p>Do you suffer from any physical, psychological, mental or emotional condition, illness or problems, or is there anything which may affect your ability to perform the duties of the position applied for, in a proper and safe manner?</p> <p>If yes, please provide details:</p>	Yes		No	
<p>Do you have any other medical condition, injury, impairment including for example, hearing, eyesight difficulties or any other factor that could affect your ability to undertake, or be aggravated by, the role that you have applied for, or your employment in general, or might affect your from attending work regularly?</p> <p>If yes, please provide details:</p>	Yes		No	
<p>Have you suffered any injury that resulted in you taking time off work?</p> <p>If yes, please provide details:</p>	Yes		No	
<p>Have you had a personal injury within the last two years that has resulted in an ACC claim and/or you receiving compensation or entitlements from ACC?</p> <p>If yes, please provide details:</p>	Yes		No	



Application for Employment Form

<p>Have you ever consulted a health professional for back strain?</p> <p>If yes please provide details:</p> <p>NB: A prior back condition may not prevent you for working for Freight Haulage Ltd although injury documentation may be requested.</p>	Yes		No	
<p>Do you agree to Freight Haulage Ltd requesting a summary or your work injury claims history from ACC?</p>	Yes		No	
<p>Please indicate how many days absence you have claimed due to sickness if your last 12 months of employment.</p>	No of days			
<p>Freight Haulage Ltd policy requires that the selection process for all positions shall include a pre-employment drug test. The result of the test will be released to the employer.</p> <p>Do you agree to undergo a pre-employment medical (which will involve a urine sample drug test) and agree to the release of the resulting medical report to the employer?</p>	Yes		No	
<p>In addition, Freight Haulage Ltd requires employees to submit to reasonable cause and/or post accident or incident alcohol and drug testing in some circumstances. Do you understand that should you be employed by Freight Haulage Ltd, you may be required to undergo alcohol and/or drug testing, and do you approve of such testing?</p>	Yes		No	
<p>Have you now, or at any time in the past, had any problems with, or addictions to alcohol or drugs?</p>	Yes		No	
<p>Are you allergic to, or have any sensitivity to any substances or chemicals?</p>	Yes		No	
<p>Do you require corrective lenses or contact lenses?</p>	Yes		No	
<p>Are you colour blind?</p>	Yes		No	
<p>Do you have any hearing disability?</p>	Yes		No	
Criminal Offences				
<p>Have you ever been convicted of a criminal offence, or have any criminal actions pending which could result in a criminal conviction in New Zealand or overseas?</p> <p>If yes, please provide details:</p>	Yes		No	
<p>Do you consent to Freight Haulage Ltd undertaking a criminal record check?</p>	Yes		No	
Drivers Licence				
<p>Do you hold a current full driver's licence?</p> <p>If yes, what licence classes do you hold?</p> <p>If no, what level of licence do you hold?</p> <p>Do you have any restrictions? Eg glasses must be worn etc</p>	Yes		No	
<p>Do you have any demerit points or endorsements?</p> <p>If yes, please provide details:</p>	Yes		No	



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Freight Haulage Ltd policy requires all employees to complete a TORO consent form. Do you agree to abide by this requirement?		Yes		No	
Plant Machinery Operation					
Please indicate the type of plant/equipment you have experience in operating: <u>Plant/Equipment Type</u>				Years of experience	
Employment History					
Current Employment					
Company:					
Position held:					
Date from:		Date to:			
Key Responsibilities:					
Reason for leaving?					
Previous Employment					
Company:					
Position held:					
Date from:		Date to:			
Key Responsibilities:					
Reason for leaving?					
Current Salary	\$	Expected Salary	S		
Please give details of any other job(s) which may be relevant:					



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Do you have any secondary employment? If yes, please provide details:		Yes		No	
Additional Information					
Have you ever worked for Freight Haulage Ltd or an H W Richardson Group Company before? If yes, when and where:		Yes		No	
Do you have another family member working for Freight Haulage Ltd or an H W Richardson Group Company? If yes, what company do they work for and what position do they hold?		Yes		No	
Are you prepared to work shift if required to do so?		Yes		No	
Are you prepared to work weekends if required to do so?		Yes		No	
Are you prepared to work overtime if required?		Yes		No	
When are you able to commence employment with us?					
Referees (Please list at least two referees who we can contact concerning previous or current employment. These should be current or previous managers.)					
Referee Name:					
Position Held:					
Organisation:					
Address:					
Email Address:					
Company Phone Number:		Mobile Phone Number:			
Referee Name:					
Position Held:					
Organisation:					
Address:					
Email Address:					
Company Phone Number:		Mobile Phone Number:			



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Statement of Agreement and Declaration

I _____ have no objection to Freight Haulage Ltd verifying the statements I have made in this application form. However, I understand that my present employer will not be contacted without my consent.

I acknowledge that Freight Haulage Ltd may contact the above referees for further information. I understand and accept that any references that are obtained by Freight Haulage Ltd will be confidential.

I certify that to the best of my knowledge the answers given and any documents in respect of this application are true and correct.

I certify that I am authorising Freight Haulage Ltd to:

- Contact the former employers I have stated and authorised above to be contact for references;
- Contact education institutions to verify my stated qualifications or courses attended;
- Contact relevant institutions, organisations, companies, authorities or Government Departments to verify my identity, my eligibility to work in New Zealand and what I have stated in respect of any criminal convictions, driver's licence details and previous injuries;
- Request a summary of my work injury claims history from ACC.

I understand that if any false information have been given, or material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed.

Applicant Signature: _____ Date: _____

All information on this application form will be treated in confidence and in terms of the Privacy Act 1993, will only be used for recruitment purposes. A copy of this form will be placed on the successful candidates' personal file.