

APPLICATION FOR EMPLOYMENT

Email to: Jobs@ecoply.co.nz

The information you provide within this application form will be used to help us assess your suitability for employment and as such you should ensure that all of the information you provide is entirely accurate. Making misrepresentations or the provision of false information may be grounds for dismissal if your application is successful. If your application is successful, this information will become part of your CHH personal records. You are entitled to access your personal file upon request

PERSONAL INFORMATION

Title: Mr Mrs Miss Ms Date: _____

First Name: _____ Surname: _____

Address: _____

Phone: _____ Mobile: _____ Email: _____

Position Applied for: _____

Available for: Day Shift Night Shift Weekend shift

Further availability comments:

IMMIGRATION STATUS

Are you legally entitled to work in New Zealand (e.g. citizen, permanent resident, work visa)? Yes No

Which corresponds to your current immigration status?

New Zealand Residency New Zealand Citizen

Work Visa/ Permit Exp. Date: _____

If appointed, **originals & expiry dates will need to be sighted and photocopied before** you commence employment.

EDUCATION & QUALIFICATION

School/Institute/ University/ National Certificates completed	Years attended	Qualifications obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you willing and able to undertake training during your employment required? Yes No

PREVIOUS EMPLOYMENT

Please complete for your last three positions.

From DD/MM/YY	To DD/MM/YY	Company Name	Position Held	Reason for leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever worked for Carter Holt Harvey (CHH)? Yes No

How did you find out about this vacancy? _____

REFEREES

Please provide contact details for two referees who are able to provide further details regarding your ability to perform the role you have applied for. These should be from previous/current direct managers.

(Please note: In providing this information you are giving consent for CHH to contact them directly).

Referee: _____ Company: _____

Position: _____ Phone: _____

Mobile: _____ Email: _____

Relationship i.e. Manager: _____ Duration: _____

Did you report directly to this person? Yes No

Referee: _____ Company: _____

Position: _____ Phone: _____

Mobile: _____ Email: _____

Relationship i.e. Manager: _____ Duration: _____

Did you report directly to this person? Yes No

LICENCES

Do you hold a current Drivers Licence? Yes No

If Yes, please advise: Full Restricted Learners

Do you hold a Licence applicable to the position you are applying for? Yes No

If yes, please list the classes and any endorsements held (i.e. forklift)

HEALTH DECLARATION

Do you have any health conditions that may affect the performance of your duties? Yes No

Have you had a work-related injury, covered by ACC? Yes No

If you have answered yes to any of the above questions, please outline the details.

Do you consent to a pre-employment drug test? Yes No

Do you consent to a pre-employment medical test? Yes No

GENERAL

Do you have any other obligations or commitments that may affect your attendance or work performance? Yes No

Are you prepared to work as and when requested by CHH in accordance with the terms and conditions of your employment? Yes No

Do you have a spouse, partner, friend, or relative working for CHH or a company associated with CHH? Yes No

Are you aware of any factors that would place you in potential conflict of interest with CHH? Yes No

Have you been dismissed, or agreed to resign from a position? Yes No

Do you have a criminal record or conviction or are currently under investigation for an offence or alleged offence that would in any way be relevant to the position you are applying for at CHH? Yes No

If you have answered yes to any of the above questions, please outline the details.

DECLARATION

I declare that the information I have given is correct and understand that any incorrect or misleading information may lead to disqualification, or if appointed, termination of employment.

I have the right to access and request the correction of any personal information held by CHH concerning me;

I understand that if offered employment, the offer will be conditional upon satisfactory results for the following:

- Reference checks
- Medical History
- Pre-employment medical examination and drug test
- ACC Claims history check
- Criminal History check
- Credit check (if considered applicable to the position)
- Driver's check

I consent to the organisation seeking verbal or written information about me from referees and agencies listed on this application form and authorise the information sought to be released to CHH.

Signed: _____

Date: _____

COMMENCEMENT DATE

Earliest date able to commence duty, if successful?

Date: _____

