



Pre-Employment Information Form

Note: The completion of this form does not indicate that there is any obligation for the Company to engage the applicant.

Purpose: This information is collected for the purpose of assessing your suitability for employment at NZ Insulators, which may include subsequent changes in employment with the Company.

PLEASE PRINT

Position Applied For: _____

Date of Application: _____

YOUR NAME IN BLOCK LETTERS

Surname: _____

Given Names: _____

(Please underline name used)

CONTACT DETAILS

Number and Street: _____

Town: _____

Work Phone Number: _____

Home Phone Number: _____

Email Address: _____

Emergency Contact Details : _____

**BIRTH DETAILS
(OPTIONAL)**

Date of Birth: _____
Day/Month/Year

Age: _____

Place of Birth: _____
Town Country

**RESIDENT
STATUS**

Are you a citizen of New Zealand?

Please circle Yes or No

Yes No

If yes, can you produce evidence if required?

Yes No

if no, do you have the right of permanent residence?

Yes No

If no, do you have a work permit?

Yes No

(Production of a passport is required for verification)



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EDUCATION: From: _____ To: _____
Name of Secondary Schools Attended: _____

QUALIFICATION: (NCEA, School Certificate, University Entrance) / Subjects:

OTHER QUALIFICATIONS: Yes / No (Subjects)

EMPLOYMENT HISTORY: (Show recent employer first)

Employer	From / To	Position Held	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been employed in any capacity by New Zealand Insulators? Yes / No

If yes please specify _____

REFEREES:

Give name, address and telephone numbers of at least two referees (*preferably from where you have worked*).

Name	Position	Address	Phone No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I consent to the Company seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released. Yes / No

If yes: _____ (*Signature*) Date: _____



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HEALTH & PHYSICAL RECORD:

Do you suffer from any of the following:

Please circle Yes or No

Sight defects in either eye	Yes	No
Colour Blindness	Yes	No
Hearing defects in either ear	Yes	No
Respiratory illness (<i>including asthma</i>)	Yes	No
Back Ailments	Yes	No
Any physical factors preventing you from standing for long periods	Yes	No
Any physical factors preventing you from working on a 24 hour rotational shift basis	Yes	No

If you have answered yes to any of the above, please give details below:

I hereby declare that to the best of my knowledge I do not suffer from any illness or disability which might affect my ability to consistently and safely carry out the duties implicit in the position applied for. Further, I have not in the past suffered any injury which might affect my ability.

Exceptions: _____

I understand that failure to provide full and truthful information may mean loss of entitlement to eventual ACC Compensation.

OTHER

Please circle Yes or No

Are you prepared to undertake a drugs/alcohol test prior to being offered employment?	Yes	No
Are you prepared to undertake a police check prior to being offered employment?	Yes	No
Do you have any past or current pending criminal convictions?	Yes	No

I understand that failure to provide full and truthful information regarding criminal history may result in loss of employment.

Applicant's Signature: _____

Date: _____