



**Application for Employment**

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**

**Mr Miss Mrs Ms** (Please Circle)

**Surname:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_  
(Underline name used)

**CONTACT DETAILS**

**Number and Street:** \_\_\_\_\_

**Town:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**BIRTH DETAILS  
(OPTIONAL)**

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Day/Month/Year

**Place of Birth:** \_\_\_\_\_  
Town Country

**RESIDENT  
STATUS**

**Are you a citizen of New Zealand?** 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:** (School Certificate, University Entrance, NCEA) / 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 the appropriate one	
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:

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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.

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

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_