



JOB APPLICATION FORM

CONFIDENTIAL

(To be completed by Applicant)

POSITION APPLIED FOR:

LOCATION:

MR, MRS, MISS, MS, DR (please circle)

SURNAME: **GIVEN NAMES:**

ADDRESS:

CONTACT PHONE NUMBERS: **HOME** **WORK**

..... **CELL** **EMAIL**

Are you legally entitled to work in New Zealand? Yes No

Have you ever been convicted of a criminal offence or are you awaiting charges in a criminal court of law? Yes No

Current Driving Licence Classes:

Do you have any demerit points or endorsements? Yes No

If yes, please give details:

If successful, would you need to give notice to a present employer? Yes No

If yes, how long:

Do you consent to the company contacting your present employer, for the purpose of reference checking? Yes No

If yes, please give details for the contact person

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The section over-page is designed to meet the ElectroNet Services responsibilities under the Health & Safety in Employment Act 1992, and ACC legislation, specifically to ensure the capacity of any applicant or employee to safely undertake the tasks associated with the position for which you are applying. Any information provided is strictly confidential between yourself and ElectroNet Services Limited.

1. Have you had, or do you currently have, an injury or medical condition caused by gradual process, disease or infection (e.g. hearing loss, sensitivity to chemicals, back injury, repetitive strain injury) which the tasks associated with this job may aggravate or contribute to?

Yes No

If yes, please specify the health problems or disabilities:

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2. Have you been absent from work for a period of 1 week or longer, in the last 2 years, through illness or injury?

Yes No

If yes, please give details:

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3. Have you ever had difficulty coping with change, work pressure, or any other stressful workplace event?

Yes No

If yes, please give details:

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4. Do you agree to undergo a medical examination if required?

Yes No

DECLARATION:

I, (*full name*) declare that to the best of my knowledge the answers in this form are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed my employment will be terminated.

SIGNATURE: DATE: