

SECTION 3 - EMPLOYMENT HISTORY

Name of employer	Telephone No.	Duration (From-To)	Position held	Nature of work	Reason for leaving

REFEREES (Referees that you authorise us to contact, work-related only)

Name	Phone No.	Occupation	Position held

SECTION 4 – GENERAL (Tick or fill out)

Do you agree to inquiries being made as to the accuracy of information contained in employment application, associated application documents or any other matter relating to your suitability for employment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you intend to engage in other paid work whilst employed in this position?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a current drivers license? If yes what class:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you awaiting hearing of any charges for driving offences?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you been charged with or convicted of a criminal offence in the last 10 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a member of a territorial force unit or volunteer fire brigade?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a partner, relative or household member working in the petrol industry? <i>Note: It is company policy that employees who are related are not employed to positions where there is a reporting relationship or to a position where there may be a risk of collusion between employees to the detriment of the employer or another employee as defined by the Human Rights Act. Relative includes marriage or a relationship in the nature of marriage.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have or are you aware of any regular commitments that may prevent you from working at any time? (e.g. sports, hobbies, education, family).	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you prepared to work overtime?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you smoke at work?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If your application is accepted, when could you commence employment?	
Are you a New Zealand Citizen or Resident	YES <input type="checkbox"/> NO <input type="checkbox"/>
If No to the above question, do you have a valid work permit (Evidence will be required to be sighted if you are subsequently interviewed for the position)?	YES <input type="checkbox"/> NO <input type="checkbox"/>

SECTION 5 – MEDICAL (Tick or fill out)

Have you ever had an injury or medical condition caused by gradual process injury, disease or infection that may be aggravated or further contributed to by the tasks of the job?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you allergic to, or have sensitivity to any substances or chemicals?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever suffered any back injury or back strain?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever suffered from any overuse injuries? e.g. RSI, OOS	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you taking any drugs or medicine?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you suffered any:	
Hearing loss	YES <input type="checkbox"/> NO <input type="checkbox"/>
Diabetes	YES <input type="checkbox"/> NO <input type="checkbox"/>
Heart complaint	YES <input type="checkbox"/> NO <input type="checkbox"/>
Blackout, fits or seizures	YES <input type="checkbox"/> NO <input type="checkbox"/>
Asthma	YES <input type="checkbox"/> NO <input type="checkbox"/>
Hernia	YES <input type="checkbox"/> NO <input type="checkbox"/>
Colour blindness	YES <input type="checkbox"/> NO <input type="checkbox"/>
Dermatitis or Eczema	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have any other condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? If yes, please explain:	YES <input type="checkbox"/> NO <input type="checkbox"/>

SECTION 6 – DECLARATION

I, _____ (full name) declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed. I also understand that any false information given in section 5, the medical portion of this form may result in my loss of entitlement for any compensation from ACC.

I authorise any person or company to provide you with such information as you may require in response to your employment request.

I further authorise you to furnish any 3rd party details of this application and any subsequent dealing that I may have with you as a result of this application being actioned by you.

Date: _____ Signature: _____

PLEASE RETURN TO:

MOBIL KARAPIRO
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