***Grayling Builders Limited***

**EMPLOYMENT APPLICATION FORM**

NAME:

POSITION APPLIED FOR:

You are requested to personally complete the application for employment form.

This application form is a source of information that will be used by Grayling Builders to assist in considering your suitability for the position for which you are applying. If successful, such information shall form part of Grayling Builders personnel records. Failure to supply the information requested would prejudice Grayling Builders ability to assess your suitability for the position.

You are entitled to access this information upon request. The information from unsuccessful applicants shall be destroyed six months after collection.

**CONFIDENTIAL To be completed personally by the applicant.**

**Note:**  The completion of this form does not indicate that there is any obligation on Grayling Builders to engage the applicant. Where you have previously supplied Grayling Builders with a CV detailing some of the particulars requested, please simply indicate in the appropriate space that the CV contains this information.

**Purpose:**  This information is collected for the purposes of assessing your suitability for employment at Grayling Builders, which may include subsequent changes in employment with the Company.

**PLEASE PRINT**

**DATE OF APPLICATION:**

**POSITION APPLIED FOR:**

**ADVERTISEMENT INFORMATION:** Where did you first learn about this vacancy?

**YOUR CONTACT ADDRESS AND TELEPHONE NUMBERS:**

Contact Address:

Home Phone No:

Work Phone No:

Mobile Phone No:

E-Mail:

**EMPLOYMENT HISTORY**

**Present or most recent employer**

From to

Company:

Address:

Job Held:

Main Duties:

Number of hours worked per week:

Reason for leaving:

**I consent for Grayling Builders seeking verbal or written information, on a confidential basis, about me from *present* or *most recent employer* and authorise the information sought to be released by them to Grayling Builders for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by Grayling Builders, is supplied in confidence as evaluative material and will not be disclosed to me.**

**Yes/No** If yes, please sign Date: \_\_\_\_\_\_\_\_\_\_

**Next most recent employer**

From to

Company:

Address:

Job Held:

Main Duties:

Number of hours worked per week:

Reason for leaving:

**I consent for Grayling Builders seeking verbal or written information on a confidential basis about me from *Next* *most recent employer* and authorise the information sought to be released by them to Grayling Builders for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by Grayling Builders, is supplied in confidence as evaluative material and will not be disclosed to me.**

**Yes/No** If yes, please sign Date:

**REFEREES**

**Give name, address and telephone number of at least two referees who may be contacted in addition to your current employer. These two additional referees should preferably be from where you have worked previously.**

Name:

Position:

Address:

Phones No:

Name:

Position:

Address:

Phones No:

**GENERAL**

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

As:

* A New Zealand Citizen Yes/No
* A permanent resident Yes/No

- If neither of the above – do you hold a current work permit? Yes/No

Are you prepared to work overtime if required? Yes/No

Are you prepared to be On-Call when required? Yes/No

Have you been convicted of a criminal offense? Yes/No

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes/No

* If yes to either of the ***two*** above questions, please give details:

Are you prepared to handle all products, materials or equipment that might reasonably be expected of you? Yes/No

Do you have a current driver’s license? Yes/No

* If yes, what classes?
* Any Special Conditions?
* Driver’s License number:

Do you have any demerit points or endorsements? Yes/No

* If yes, please give details:

What arrangements do you have for getting to and from work?

Do you have a spouse, partner or household-member working for the Grayling Builders or anywhere in the same industry? Yes/No

* If yes, who and where?

Grayling Builders operates a Smoke Free Policy. Are you prepared to abide by our Policy?

Yes/No

**MEDICAL**

Do you agree to undergo a medical examination at any time prior to or after employment? Yes/No

Do you agree to undergo drug testing at any time prior to or after employment? Yes/No

Do you require corrective lenses or contact lenses? Yes/No

* *Please note that if you are appointed, you may be required to supply a recent eyesight examination (This information will be kept to provide a benchmark for your vision during employment)*

Do you consent to any relevant testing for the purposes of Health and Safety monitoring during your employment? Yes/No

Have you suffered from injury requiring time off work? Yes/No

* If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you claimed worked related Accident compensation? Yes/No

* If yes, please give details:

State any injuries or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position:

Do you have any other known condition, including process disease, illness, disability or infection, which may affect your ability to effectively carry out functions and responsibilities of the job?

* If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any other condition, which might put staff or customers at risk based on work requirements?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In your past employment, have you ever been exposed to:**

* Extreme noise? Yes/No
* Asbestos? Yes/No
* Poisonous metals (lead, mercury, other toxic metals)? Yes/No
* Skin irritants? Yes/No
* Infectious materials? Yes/No

If yes to any of the above, please give details:

**During your working career have you ever suffered from:**

* Stress or mental health problems? Yes/No
* Long-standing fatigue or tiredness? Yes/No
* Serious conflict at work? Yes/No
* Difficulties coping with change or other stressful events in the workplace? Yes/No
* Have you ever suffered from Occupational Overuse Syndrome? Yes/No
* Have you ever needed to take more than your sick-leave allocation? Yes/No

If yes to any of the above, please give details

**QUALIFICATIONS**

**Apprenticeship** *(for trade positions only)*

Do you have your apprenticeship papers? Yes/No

* In what trade were you apprenticed?

What was the name and address of employer?

Where these qualifications obtained in New Zealand? Yes/No

**Other Qualifications**

Do you have any other qualifications/certificates/licenses/or attend any courses? Yes/No

* If yes, please give details

Do you have electrical or mechanical background *(familiar with general power tools)?* Yes/No

* If yes, please give details

Computer/Smart phone usage will be required, are you familiar with these? Yes/No

This position will be Casual, however, could lead to Part-Time or Full-Time depending on Company growth, is this something you could be interested in?

Yes/No

**DECLARATION**

I *(full name)* declare that to the best of my knowledge, the answers in this application are correct and the information provided in this application and in any resume provided is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand that any false information given in relating to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement of any compensation from ACC.

Signed: Date

*Thank you for taking the time to fill out this form – Marcus Grayling*

**Grayling Builders**

PO Box 1012, Cambridge

[www.graylingbuilders.co.nz](http://www.graylingbuilders.co.nz)

[graylingbuilders@xtra.co.nz](mailto:graylingbuilders@xtra.co.nz)

0274744200