

Confidential Application for Employment

To be completed personally by applicant with resume (cv) attached

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

If advertised, position applied for:

☐ Casual Operations (Moorings) ☐ Casual Marine

YOUR NAME (IN BLOCK LETTERS)

GIVEN NAME

SURNAME

YOUR HOME ADDRESS, TELEPHONE & EMAIL DETAILS

NUMBER & STREET

SUBURB

TOWN

HOME PHONE

MOBILE

EMAIL

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

DRIVERS LICENCE

Do you hold a current New Zealand Drivers Licence? Yes / No

If yes, what class?

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

If yes, please detail

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MEDICAL

Do you agree to undergo a medical examination if required? Yes / No

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

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Do you have any other known condition that may affect your ability to effectively carry out the functions and responsibilities of the position applied for? Yes / No

If yes, please detail:

.....

.....

GENERAL

Have you ever worked for PrimePort Timaru Ltd before? Yes / No

If yes, when

Do you have secondary employment? Yes / No

If yes, please detail

Have you ever been convicted of a criminal offence? Yes / No

Are you currently the subject of criminal charge(s)? Yes / No

Do you agree to undergo a police pre-employment check? Yes / No

Are you a member of any territorial force unit? Yes / No

REFEREES

Name:

Company:

Position:

Contact details:

Name:

Company

Position

Contact details:

DECLARATION

I(full name) declare that to the best of my knowledge the answers in this application 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.

I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.

Signed: Date: