

# Application for Employment

This information is collected to assess your suitability for employment at Miraka Limited

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If your application is successful when could you start a new position? \_\_\_\_/\_\_\_\_/\_\_\_\_

Days/hours available to work: Full time / Part time

Shift Work (including weekends and nights) Yes/No

## Personal Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Iwi Affiliation: \_\_\_\_\_

## Education & Training

Please commence with secondary schooling. Include all qualifications gained and courses attended.

Qualification gained	School/Training Institute	Date completed

## Employment Record

Please enter details of your previous five positions (or less if you have not worked for five employers in the past):

Date of employment	Employer	Position	Key responsibilities

Reason for leaving current/most recent employment: \_\_\_\_\_

\_\_\_\_\_

## Referees

Please name two or three people who Miraka Limited can contact to gain information on you.

Referee's name	Their relationship to you e.g. Previous Manager	Contact phone number

## Work Status

Are you legally entitled to work in New Zealand? YES / NO (*please circle one*)

*Note: You may be required to provide proof of eligibility to work in New Zealand.*

## General

Do you hold a current New Zealand drivers licence? YES / NO

If YES, which classes: \_\_\_\_\_

Do you hold a current fork lift licence? YES / NO

Have you had any criminal convictions? YES / NO

If YES, please detail: \_\_\_\_\_

\_\_\_\_\_

## Medical

Have you had an injury or medical condition caused by gradual process, disease or infection, for example hearing loss, sensitivity to chemicals, repetitive strain injuries that may be aggravated or further contributed to be the tasks of this job?

YES / NO

If yes, please detail \_\_\_\_\_

\_\_\_\_\_

Do you have any claim or compensation history with ACC? YES / NO

If yes, please detail \_\_\_\_\_

\_\_\_\_\_

Are you aware of any known condition, serious injury or illness that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

YES / NO

If yes, please detail \_\_\_\_\_

\_\_\_\_\_

Do you agree to undergo a medical assessment if required; understanding that part of this medical assessment may include drug testing?

YES / NO

## 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 may be affected.

Signed: \_\_\_\_\_

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