

**PRE-EMPLOYMENT APPLICATION FORM**

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

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

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PLACES OF EDUCATION**

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

Polytech/Tertiary: \_\_\_\_\_

**QUALIFICATIONS:**  
(E.g. School Cert) \_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

Work Experience: \_\_\_\_\_

| Previous Employer References: | Company | Contact Name | Contact Tel # |
|-------------------------------|---------|--------------|---------------|
| 1.                            | _____   | _____        | _____         |
| 2.                            | _____   | _____        | _____         |
| 3.                            | _____   | _____        | _____         |

Last Place of Employment: \_\_\_\_\_

Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Reason for Finishing: \_\_\_\_\_

Do you hold a current Driver's Licence: Yes  No

| PREVIOUS WORK HISTORY  |                    |                |
|--|--------------------|----------------|
| EMPLOYER:  | LENGTH OF SERVICE: | POSITION HELD: |
|  |                    |                |
|  |                    |                |
|  |                    |                |
| Reason for wanting to work for this firm:  |                    |                |
|  |                    |                |
|  |                    |                |
| DECLARATION OF HEALTH STATUS   |                    |                |
| Over the past twelve months, have you been taking any prescribed drugs or medicines? Yes <input type="checkbox"/> No <input type="checkbox"/>                                |                    |                |
| If yes, what were they for:  |                    |                |
|  |                    |                |
|  |                    |                |
| Have you spent time in hospital or outpatients over the last twelve months? Yes <input type="checkbox"/> No <input type="checkbox"/>   |                    |                |
| If yes, what was your ailment?   |                    |                |
|  |                    |                |
|  |                    |                |
| <b>In the last five years, have you ever made a claim with ACC for a work or non-work-related injury?</b><br><b>Yes <input type="checkbox"/> No <input type="checkbox"/></b> |                    |                |
| Detail, if yes:  |                    |                |
|  |                    |                |
|  |                    |                |
|  |                    |                |
|  |                    |                |

**MEDICAL**

New employees will be required to undergo a pre-employment drugs test and medical.

Returning employees will be required to undergo a drugs test and may be required to undergo a pre-employment medical.

Employment will not be confirmed until both medical and drug tests are clear.

Do you consent to a re-employment medical and/or drugs test? Yes  No

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 by the task of this job? Yes  No

If yes, please provide details: \_\_\_\_\_

Do you have any previous or current medical condition or are you taking any medication which may affect your ability to carry out the duties required for this position? Yes  No

If yes, please provide details: \_\_\_\_\_

Are there any personal circumstances known to you that would affect your ability to perform your duties on a full time basis? Yes  No

If yes, please provide details: \_\_\_\_\_

**OTHER DETAILS**

Have you in the last ten years been convicted of any criminal offence? Yes  No

If yes, please provide details of conviction: \_\_\_\_\_

**APPLICANT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY**

Please release to the undersigned:

Full name of third party: \_\_\_\_\_

Address of third party: \_\_\_\_\_

A copy of my personal information from the Department for Courts, and ACC

Signature of third party: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**DECLARATION**

I, \_\_\_\_\_ (*full name*) declare that to the best of my knowledge the answers to the questions in this application are correct and 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 authorise you or your agent to contact the referees and previous employers listed in this application and obtain information from them to be used in relation to my application for employment for the purposes of ascertaining my suitability for the position I am applying for. If the named referee or supervisor supplied is not authorised to speak on behalf of the company, or if not available, enquiries can be made with the Manager or other duly authorised person.

I further authorise you to furnish any third party such details from this application as you reasonably require in order to make the enquires, or credit check request as authorised above.

I understand that the information received by the company is supplied in confidence as evaluative material and will not be disclosed to me.

I understand that any offer of employment is subject to my passing a drug test to the satisfaction of the Company.

I have read and fully understand this Declaration.

Signature: \_\_\_\_\_

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

Manager's Signature: \_\_\_\_\_

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

Branch: \_\_\_\_\_