

EMPLOYMENT APPLICATION FORM

IMPORTANT NOTES FOR APPLICANTS

- 1 Please fully complete this form personally. Read it through first then answer all questions and make sure you sign and date where indicated.
- 2 Attach a Curriculum Vitae (CV) if you have one containing any additional information. If you include written References, please note that we may contact the writers of the References.
- 3 This application form is a source of information which will be used by the Company to assist in considering your suitability to the position for which you are applying.
- 4 Please provide copies of all supporting documentation not originals. Originals may be required for record keeping purposes should your application be successful.
- 5 Failure to complete this application and answer all questions truthfully would prejudice the Company's ability to assess your suitability for the position and may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.
- 6 Bulk Lines Limited undertakes pre-employment medical and Drug and Alcohol testing as part of the application process. Failure to consent to or undertake testing will result in the application process being terminated.
 - The cost of pre-employment testing will be paid for by Bulk Lines Limited
- 7 The completion of this form does not indicate that there is any obligation on the Company to engage the applicant.

This application form and supporting documents will be held on file by Bulk Lines Limited. Successful applicants will have this application form and supporting documents form part of the Company's personnel records. If unsuccessful this application form and supporting documents will be retained by the Company for a period of 12 months. You may access it in accordance with the provisions of the Privacy Act 1993 and its Amendments.

Please send your completed application form to:

Bulk Lines Limited
PO Box 4523
Mount Maunganui South 3149
Attention: HR Manager
Email: ggillard@bulklines.co.nz

NOTE: This page must be retained on file as part of the application; it must not be removed or destroyed.



CONFIDENTIAL EMPLOYMENT APPLICATION FORM
To be completed personally by the Applicant
(PLEASE PRINT)

PURPOSE:

The information collected in this Employment Application Form is for the purpose of assessing your suitability for employment at **Bulk Lines Limited** which may include subsequent changes in employment within the Company.

DATE OF APPLICATION: _____

POSITION APPLIED FOR: _____

YOUR NAME	
<small>(Use BLOCK LETTERS)</small>	
How do you like to be addressed:	_____
<small>(Circle one)</small> Mr Mrs Ms Miss or other preferred title:	_____
Surname/Family Name:	_____
Given Names:	_____
<small>(Underline name used)</small>	
Are you known by any other Name(s)?	
Give details:	

YOUR CONTACT ADDRESS AND TELEPHONE NUMBERS	
Contact Address:	_____

Email Address:	_____
Contact Phone No(s)	
Home:	_____
Cellular:	_____
Other	_____
Give details:	

YOUR NEXT OF KIN DETAILS	
Name of Next of Kin:	_____
Relationship to You:	_____
Contact Phone No:	_____



YOUR LEGAL WORK STATUS	
Are you legally entitled to work in New Zealand as:	Delete One
A New Zealand Citizen:	Yes/No
A Permanent Resident:	Yes/No
A holder of a current Work Permit:	Yes/No
Have you reached the current school leaving age:	Yes/No

YOUR EDUCATION
List the Name(s) of Secondary School(s) attended, include University, further education, etc. where applicable:
Detail your Qualifications include School Certificate, University Entrance, and details of subjects Qualifications were attained:
Do you have any other Qualifications
Yes/No <small>Delete One</small>
If yes, give details i.e. subjects:

LANGUAGES
Can you hold an everyday conversation in a language other than English?
Yes/No <small>Delete One</small>
If yes, give details:



YOUR PROFESSIONAL QUALIFICATIONS

Do you have any other Professional Qualifications? Include all Certificates and Licences. Have you attended any courses where information has not already been supplied? Yes/No Delete One

If yes, give details:

Do you hold any other skills which are relevant to the position you are applying for? Yes/No Delete One

If yes, give details:

HAVE YOU COMPLETED AN APPRENTICESHIP?

Do you have your Apprenticeship papers? Yes/No Delete One

If yes, give details i.e. subjects:

What is the Company Name and Address of the Employer?

Contact Person: _____

Company Name: _____

Address: _____

Give details of any Trade Qualifications you hold (i.e. Trade Cert, Advanced Trade Cert etc.)



YOUR EMPLOYMENT HISTORY, IMPORTANT: For the purposes of compliance with the Privacy Act 1993 and its Amendments, do you consent to the Company contacting your present Employer for the purposes of Reference checking. Yes/No Delete One

Present or Most Recent Employer

Company: _____

Address: _____

Job Held: _____

Main Duties: _____

No of hours worked per week: _____ Start Month: _____

End Month: _____

Reason for Leaving: _____

Next Most Recent Employer

Company: _____

Address: _____

Job Held: _____

Main Duties: _____

No of hours worked per week: _____ Start Month: _____

End Month: _____

Reason for Leaving: _____

Next Most Recent Employer

Company: _____

Address: _____

Job Held: _____

Main Duties: _____

No of hours worked per week: _____ Start Date: _____

End Date: _____

Reason for Leaving: _____



GENERAL	Delete One
Have you ever worked for this Company or an associated Company before?	Yes/No
If yes, give details of where and when? _____	
Do you have a Spouse, Partner, Relative or Household-member working for Bulk Lines or elsewhere in the Transport Industry?	Yes/No
If yes, give details of who and where they work: _____	
Do you have Secondary Employment?	Yes/No
If yes, give details: _____	
Are you prepared to work shifts if required to do so?	Yes/No
Have you worked shifts before?	Yes/No
Are you prepared to work overtime if required?	Yes/No
Are you prepared to handle all products, materials or equipment used in the Industry?	Yes/No
Are you a member of any Territorial Force Unit?	Yes/No
If yes, have you completed Whole Time Training?	Yes/No
What transport arrangements do you have to attend your place of Employment? Give details: _____	
Have you been convicted of a Criminal Offence either in New Zealand or Overseas? <small>(Do not include any offences which may be concealed under the Criminal Records (Clean Slate) Act 2004 and its Amendments)</small>	Yes/No
If yes, give details: _____	
Have you been the subject of a Diversion ordered by the Courts?	Yes/No
Are you awaiting the hearing of Charges in a Civil or Criminal Court of Law?	Yes/No
If yes, give details: _____	
What are your Interests? i.e. Hobbies/Sports/Clubs or Community Activities	

YOUR DRIVER LICENCE DETAILS							
Do you have a current Driver Licence? <small>(Delete One)</small>	Yes/No	Driver Licence No:					
		Expiry Date:					
		Version Number:					
What Class(es) do you hold?	<small>Circle all those applicable:</small>	1	2	3	4	5	6
What Endorsements do you hold?	<small>Circle all those applicable:</small>	P	V	I	O	D	F
		T	W	R			
If you have a D Endorsement, what is its Expiry Date?					Expiry Date: _____		
Do you have any Demerit Points?		Yes/No	Give details: _____				
Do you have any Traffic or Driving Court Cases pending?							Yes/No
If yes, give details: _____							
<i>(Please attach a copy of both sides of your current Driver Licence)</i>							



YOUR REFEREES			
Give the Name, Address and Telephone Numbers of at least two Referees			
Name	Position / Company	Address or E-mail	Phone No.
1.			
2.			

If your Application is successful what date could you commence employment

I, _____ (*print your full name*) consent to the Company seeking verbal or written information about me from Representatives of my previous Employers and/or Referees and authorise the information sought to be released by them to the Company for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.

If yes, Signature: _____ Date: _____

DRUG AND ALCOHOL TESTING IMPORTANT: The Company reserves the right to offer new appointments conditional on Applicants returning a negative Drug and Alcohol test result. Delete One	
Do you consent to undergo Pre-employment Drug and Alcohol testing?	Yes/No
I consent to the Company having access to and using the information arising from the Pre-employment Drug and Alcohol test for the purposes of confirming or declining my conditional offer of employment and authorise the information to be released to the Company.	Yes/No

DECLARATION

I, _____ (*print full name*) declare that to the best of my knowledge the answers in this form are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be employed, or my employment will be terminated.

I consent to the Company having access to and using the information arising from my Pre-employment Medical for the purposes of confirming or declining my conditional offer of employment and authorise the information to be released to the Company.

Signed: _____ Date: _____ **Yes/No**

MEDICAL: IMPORTANT: The Company reserves the right to offer new appointments conditional on Applicants successfully completing the Company's Pre-employment Medical Examination. Delete One	
Do you agree to undergo a Medical Examination?	Yes/No
Do you consent to any Biological Monitoring if applicable to the job? <small>(Refer to the Health and Safety at Work act 2015 its Amendments and applicable regulations)</small>	Yes/No
Have you had an Injury or Medical Condition caused by Gradual Process, Disease or Infection E.g. Hearing Loss, Sensitivity to Chemicals, Repetitive Strain Injuries that may be aggravated or further contributed to by the tasks of this job?	Yes/No
If yes, give details:	
Do you consent to the Company retaining the information contained in this Application Form for the purposes of considering your suitability for any other position which may arise within this Company in the future? Yes/No	



PRE-EMPLOYMENT MEDICAL CONSENT AND DECLARATION

ACCIDENT COMPENSATION CLAIMS		<small>Delete One</small>
Have you claimed Accident Compensation in the last 12 months?		Yes/No
If yes, give details:		
Have you any unresolved or pending Accident Compensation Claims?		Yes/No
If yes, give details		
KNOWN ALLERGIES, DISABILITIES, INJURIES OR ILLNESSES		<small>Delete One</small>
Are you allergic to or have any sensitivity to any substances or chemicals?		Yes/No
Do you require corrective lenses or contact lenses?		Yes/No
Do you have any hearing disability?		Yes/No
Have you ever suffered from a back injury requiring time off work?		Yes/No
Have you have suffered from any 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, give details:		
Do you have any other known condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?		Yes/No
If yes, give details:		
PAST EXPOSURE TO KNOWN HAZARDS		<small>Delete One</small>
In your past employment have you been exposed to:		
Noise?		Yes/No
Asbestos?		Yes/No
Heavy Metals?		Yes/No
Solvents?		Yes/No
Skin Irritants?		Yes/No
Infectious Material?		Yes/No
If you answered yes to any of the above, give details:		
Is there any other hazard you have been exposed to that we should know about:		Yes/No
If yes, give details:		

DECLARATION

I, _____ (*print your full name*) declare that to the best of my knowledge, the information provided in this Application and in any CV provided is correct, and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or my employment will be terminated.

I also understand that any false information given in relation to my Medical History with regards to Gradual Process, Disease or Infection can result in my loss of entitlement for any Compensation. I further understand that any offer of employment if made, is conditional on my obtaining a full Medical Clearance through the Company's Pre-employment Medical and returning a negative Drug and Alcohol test result.

I acknowledge any Driver Licence details I provide to the Company will be loaded into a TORO database (or similar) which is administered by NZTA. The information supplied shall be used for the purpose of confirming Driver Licence details, Licence status and demerit points. If I am employed by the Company my information shall remain on this database during my continued employment and association with the Company and the Company will be notified by TORO of any changes in the status of the Driver Licence.

I further declare, that I have read (or had explained to me to my satisfaction) this Employment Application Form and I confirm that I am able to adequately understand the information requested of me, in order to complete this Application.

Signed: _____ Date: _____