

Employment Application Form

Personal Details	Full Legal Name:		Phone Number:		
	Position Applied for:		Address:		
	Email Address:				
	Licence Class: L R 1 2L 2F 4L 4F 5+ (circle)		Qualifications: (circle) STMS - Warrant #: Expiry: TC - Warrant #: Expiry: Other: (List)		
	Licence Number:				
	Version Number:	Expiry Date:			
	Are you legally entitled to work in New Zealand?				Yes / No
	Are you an assisted immigrant under bond to the Government or any other employer?				Yes / No
	Have you ever worked for this Company before? If yes, When?				Yes / No
	Do you know anyone who currently works for this company? If yes, Who?				Yes / No
Employment History	Current / Most Recent Employer				
	From:		To:		
	Company you worked for:				
	Job Held:				
	Main Responsibilities:				
	Reason for Leaving:				
	Contact Details for Reference:				
	Previous Employment				
	From:		To:		
	Company you worked for:				
	Job Held:				
	Main Responsibilities:				
	Reason for Leaving:				
	Contact Details for Reference:				
	Other Details	Do you object to enquiries being made of your past employment? Yes / No			
If your application is successful, what date could you begin your employment with us?					
We work late nights, overnight and weekends, are you flexible? Yes / No If no, please give details					
Have you been convicted of any criminal offence, or released from prison? Yes / No Please provide details					