



Application for Employment

Thank you for your interest in working for Daiken NZ Limited

We pride ourselves on our high professional standards and thorough and fair recruitment process.

We would appreciate you spending the time to complete this form fully. The completion of this form does not indicate any obligation by Daiken NZ to engage you in employment.

If you proceed past an interview we may require reference, medical, drug and security checks (and in some cases financial). You need to ensure you sign the three declarations J, K & L.

A Introduction:

The information you provide in this application form will be used to help us assess your suitability for the position. You need to ensure that the information you provide is entirely accurate. The provision of false information may be grounds for dismissal if your application is successful.

All information you give us will be treated confidentially and kept secure. The information will only be released in accordance with the authorisations you provide to us in this form.

If your application is successful, this form will become part of Daiken NZ Limited personnel records. You are entitled to access the information upon request. If your application is unsuccessful, this information will be securely stored in our archives for a temporary period and then destroyed.

Position applied for:

B Personal Details:

Surname _____ First Name(s) _____

Address _____

Email _____

Telephone (Day) _____ Telephone (Evening) _____

Mobile _____

If your application is successful, when would you be able to commence employment
OR what is your notice period?

C General:

Are you a citizen of New Zealand? Yes / No

If no, do you have the right of permanent residence? Yes / No

If no, do you have a work permit? Yes / No
(Passport/VISA is required to be produced for verification)

Do you have a spouse, partner, relative or household member working with Daiken NZ or a company associated with Daiken NZ? Yes / No
If yes, please give details:

Are you aware of any factors that would place you in a potential conflict of interest with Daiken NZ? Yes / No
If yes, please give details:

Have you previously been employed by Daiken NZ or a company associated with Daiken NZ? Yes / No
If yes, please give details:

Are you prepared to work as and when required by Daiken NZ in accordance with the terms of your employment contract? Yes / No
Saturday? Yes / No
Sunday? Yes / No
Overtime? Yes / No
Shift Work? Yes / No
Public Holidays? Yes / No
Rotating/Alternative Shifts? Yes / No

Do you have any commitments at this time that may make it difficult for you to work shift work, overtime or additional hours? e.g. territorial army training, community service... Yes / No
If yes please give details:

What interests you about working for Daiken NZ?

D Licences:

Do you have a valid licence to operate a vehicle(s) in New Zealand that is relevant to this application? Yes / No
If yes, please list the licence or licences below and attach a copy/copies:

Do you have any demerit points or endorsements relating to any of the licences listed above? Yes / No
If yes, please provide details in the space below:

E Criminal convictions*:

Have you ever been convicted of an offence to which the Criminal Records (Clean Slate) Act 2004 does not apply? Yes / No
If yes please give complete and accurate details:

Do you have any criminal charges pending or under investigation? Yes / No
If yes please give complete and accurate details:

*Please be aware that you are not obliged to declare certain offences which occurred more than seven years ago under the Criminal Records Clean Slate Act 2004. Also please note that applicants will be asked to complete a Ministry of Justice Criminal Convictions Report request form and offers of employment may be subject to this complying with Daiken policy.

F Employment History:

Please attach a current CV or resume detailing your last three previous employers, positions held and key duties or responsibilities.

G Referees:

Please list three referees that Daiken NZ can contact to discuss you and your ability to perform the role:

Do you authorise Daiken NZ to contact your previous employer(s) to obtain references about you? **Yes / No**

Name _____ Position Held/Relationship _____

Organisation _____ Telephone _____

Address _____

Name _____ Position Held/Relationship _____

Organisation _____ Telephone _____

Address _____

Name _____ Position Held/Relationship _____

Organisation _____ Telephone _____

Address _____

H Health & Safety:

The Health & Safety at Work Act requires Daiken NZ to identify hazards and to provide a safe place of work.

A person's physical state may pose a hazard for themselves and other staff, hence the reason for these questions:

Do you agree to undergo a pre employment medical examination? **Yes / No**

Do you consent to pre-employment drug and alcohol testing and random drug testing if successful in appointment? **Yes / No**

Have you had experience and exposure to hazards in an Industrial Work Environment? **Yes / No**

Have you had an injury and/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 tasks of the job applied for? **Yes / No**

If yes, please give details:

J Declaration:

I certify that the information I have given on this application form is true and correct. I understand that if I have given incorrect or misleading information, or if I have left out any important information, I may not be considered for appointment, or if appointed, my employment may be terminated.

Applicant's Full Name: _____

Applicant's Signature: _____ Date: _____