

Application Form for Casual Employment

Online applications are encouraged. Please visit our website to apply for an advertised vacancy. <http://www.portnelson.co.nz/commercial/port-employment/>

First Name: _____ Surname: _____

Street Address: _____

City: _____ Postal Code: _____

Home Number: _____ Work Number: _____

Mobile Number: _____ Email: _____

Position applied for: _____

Resident Status

Are you legally entitled to work permanently in New Zealand? YES NO
If not, for what length of time are you entitled to work in New Zealand? (please attach evidence) _____

Drivers Licence

Do you hold a current NZ Drivers Licence? YES NO
If yes, what class(es)? _____

Do you have any licence restrictions? YES NO
If yes, please list _____

Have you ever been disqualified from driving? YES NO
If yes, why? _____

Do you have any current demerit points against your licence? YES NO
If yes, how many? _____

What other types of licences do you hold? _____

Criminal Convictions

Have you been convicted of a criminal offence or have a court case that is, or could be pending? YES NO
If yes, please detail: _____

We undertake criminal conviction history checks for all appointments.

You are required to provide your approval to access your criminal convictions history from the Ministry of Justice. Are you agreeable to this? YES NO

Medical

Have you had an injury or medical condition caused by gradual process, disease or infection, such as repetitive strain injury, that the tasks of this job may aggravate or contribute to? YES NO

If yes, please detail: _____

Have you ever suffered from a back injury or back strain that the tasks of this job may aggravate or contribute to? YES NO

If yes, please detail: _____

Are you aware of, or being treated for, any current or former medical or health related condition, illness, injury or disability that may affect your ability to carry out the requirements of the job applied for or that may be aggravated or further contributed to by the tasks of the job? YES NO

If yes, please detail: _____

You will be required to undertake a pre-employment medical examination that tests for drugs, alcohol, vision and hearing. Are you agreeable to this? YES NO
(costs to be met by Port Nelson Ltd)

To be successful in your application for employment with Port Nelson Ltd the checks/tests must be completed to Port Nelson Limited's satisfaction. The information gathered from the assessments will be used by Port Nelson Limited solely for the purpose of determining your suitability for the role.

Please attach/provide a CV or complete the following information.

Secondary Education

School:	Location:	Period of Attendance:
Qualification Received: (if qualification not gained, please list classes passed)		

Tertiary Education

Institution/Polytechnic:	Location:	Period of Attendance:
Qualification Received: (if qualification not gained, please list papers passed)		

Other Qualifications (e.g. Forklift license; marine tickets, trade certificates)

Employment History

Please attach/provide a CV or complete the following information.

Please list your employment history starting with your most recent or current job and work back-wards through your career.

Start Date:	Finish Date:	Current Employer's Name & Location: Current Salary:	Nature of Business: Position Title Reason for Leaving:
Start Date:	Finish Date:	Employer's Name & Location:	Nature of Business: Position Title Reason for Leaving:
Start Date:	Finish Date:	Employer's Name & Location:	Nature of Business: Position Title Reason for Leaving:

References

Please provide two of your most recent business referees.

Reference 1:

Name: _____ Company: _____ Position: _____

Years Acquainted: _____ Contact Details: _____

Reference 2:

Name: _____ Company: _____ Position: _____

Years Acquainted: _____ Contact Details: _____

Hours & Days

Are you available for shiftwork (different hours / days) YES NO

What days and hours are you available to work?
Please tick where appropriate.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Dayshift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightshift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What type of working arrangement are you looking for?
Please tick where appropriate.

Permanent Full Time Casual
 Permanent Part Time Fixed Term
 Any

General

Have you ever had a dispute with an employer, or been subject to disciplinary action, or have disciplinary action pending by an employer? YES NO

If yes, please detail: _____

Have you ever worked for PNL before? YES NO

If yes, please detail including reason for leaving: _____

What are your salary or hourly wage expectations? _____

When would you be available to commence employment? _____

Disclosure of Interest

Do any members of your family (including your partner or spouse) work for Port Nelson Ltd?

YES NO

If yes, please detail: _____

Do you currently undertake secondary employment or plan to undertake Secondary employment while employed at Port Nelson Ltd?

YES NO

If yes, please detail: _____

Why are you looking to join Port Nelson Ltd? Please detail: _____

The facts set out by me in this application are true to the best of my knowledge and belief. I hereby authorise my former employers and referees to give any information regarding my employment with them, and in addition, to furnish any other information they may have concerning me. I understand that misrepresentation or omission of factual information on this application is cause for dismissal. I also understand that any false information given in relation to my medical history may result in loss of entitlement for any compensation from ACC.

I acknowledge and understand that in accepting employment from Port Nelson Ltd, I will comply with the Company's various policies and procedures including the Drug and Alcohol testing programme.

In making this application, I warrant that:

- All representations or statements I have made to the Employer in making application for the employment are true and correct;
- I have not deliberately failed to disclose any matter that may have materially influenced the Employer's decision to employ me;
- I do not have any contractual commitments that would conflict with the performance of my duties and obligations in the position.

Signed

Date