

# Application for Employment

## Personal Details

Position applied for			
Family name			
Given names			
Contact address			
Email Address			
Home phone number		Mobile phone number	

## Residency Status

Are you a New Zealand Citizen? (please circle)	Y / N
Are you legally able to work in New Zealand for BGC? (please circle)	Y / N <small>(Please attach proof if not a NZ citizen)</small>

## Wage Expectations

What is your current wage and benefit package?	
What are your wage expectations for this position?	\$/hr
What are your expectations regarding additional benefits for this position? (Phone, Vehicle etc.)	

## Qualifications

Relevant industry qualifications	eg: site safe, first aid, confined space, health & safety rep, national certificate, diploma
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## Employment History

### Present or most recent employer

From	
To	
No. of hours worked per week	
Company	
Address	
Position held	
Main duties	
Reason for leaving	

**Next most recent employer**

From	
To	
No. of hours worked per week	
Company	
Address	
Position held	
Main duties	
Reason for leaving	

**Next most recent employer**

From	
To	
No. of hours worked per week	
Company	
Address	
Position held	
Main duties	
Reason for leaving	

**Referees**

Name	Relationship to you	Role/Organisation	Telephone No.

In terms of the Privacy Act, do you consent to us contacting your present or past employers for the purpose of reference checking? (please circle)

Y / N

**Licences**

Licences held	<input type="checkbox"/> New Zealand	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> D
Infringements & Demerit Points	Please list all other than parking fines	

**Criminal Convictions**

(In terms with the Privacy Act this information will be kept confidential)

Have you ever been convicted of a criminal offence? (please circle)		Y / N (If YES, please complete the table below)
Are you awaiting sentencing for a criminal offence? (please circle)		Y / N (If YES, please complete the table below)
Offence	Year committed	Details of Sentence - fine/disqualification from driving/community work/supervision or intensive supervision/community or home detention/imprisonment

**Medical**

(In terms with the Privacy Act this information will be kept confidential)

Do you suffer from any medical condition that could impair your ability to perform the tasks for the role you are applying for? (please circle)		Y / N (if YES please give details below)	
Details:			
Are you currently taking any drugs or medication that may directly affect your work? (please circle)		Y / N (if YES please give details below)	
Details:			
Have you had an Audiometry (hearing) test? (please circle)		Y / N	
If yes do you have Noise Induced Hearing Loss?		Y / N	
Do you or have you suffered from any of the following? (please circle)			
Diabetes	Y / N (if YES please give details below)	Colour blindness	Y / N
Heart condition or high blood pressure	Y / N (if YES please give details below)	Asthma, Bronchitis, shortness of breath	Y / N (if YES please give details below)
Epilepsy, blackouts or seizures	Y / N (if YES please give details below)	Sensitivity to chemicals (eczema, rash)	Y / N (if YES please give details below)
Allergies	Y / N (if YES please give details below)	Occupational over use injury (RSI)	Y / N (if YES please give details below)
Earache, deafness or ringing in the ears	Y / N (if YES please give details below)		
Details:			
Have you ever suffered from any form of physical injury that may impair your ability to perform the tasks required of the role you are applying for? i.e. back, neck or knee injury (please circle)		Y / N (if YES please give details below)	
Details:			
Do you suffer from any medical condition that has been caused by gradual process that may be aggravated further with the tasks required of this role? (please circle)		Y / N (if YES please give details below)	
Details:			

Do you suffer from any phobias that would impair your ability to perform the tasks required of this role? i.e. heights/confined spaces (please circle)	Y / N (if YES please give details below)
Details:	

**ACC**

Have you had any work related ACC claims in the last 10 years?	Y / N (if YES please give details below)
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Date of claim	Claim No. If known	Type of injury	Type of treatment	Length of time off work if any

How much notice do you have to give your current employer?	
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**Declaration**

I declare that to the best of my knowledge the answers in the application are complete and correct and I understand that if any false or deliberately misleading information is supplied, or any material information is suppressed or omitted, I will not be accepted, or if I am employed, my employment will be terminated.

I give BG Contracting express permission to check my Employment History, contact Referees and check my ACC Claim History to confirm my suitability for this position.

Signature

Date

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Please submit with applicable documentation to support your application to:

BG Contracting Ltd  
 PO Box 247  
 Rangiora 7440  
 Units 18/19, 42 Silverstream Boulevard, Kaiapoi 7630  
 Phone: 03 313 7698

Office use only

Received by:

Date: