



**PO Box 14385  
Tauranga 3143**

isl@independentstevedoring.co.nz

**CONFIDENTIAL**

**To be completed personally by Applicant**

Date of Application .....

**Application for Employment**

**Note:** The completion of this form does not indicate that there is any obligation on the Company to engage the applicant

**Purpose**

This information is collected for the purpose of assessing your suitability for employment with *Independent Stevedoring Ltd*, which may include subsequent changes in employment with the Company.

**Please Print**

**POSITION  
APPLIED FOR** \_\_\_\_\_

**YOUR NAME IN  
BLOCK LETTERS**      How do you like to be addressed: \_\_\_\_\_

Family Name \_\_\_\_\_

Given names (underline) \_\_\_\_\_

Are you known by any other names(s) \_\_\_\_\_

Give details \_\_\_\_\_

**YOUR CONTACT ADDRESS AND TELEPHONE NUMBERS**

Contact Address \_\_\_\_\_  
\_\_\_\_\_  
Contact Phone No \_\_\_\_\_  
Email address \_\_\_\_\_

Have you reached the current school leaving age Yes/No

Have you qualified for national Superannuation Yes/No

**Legal Work Status**

Are you entitled to work in New Zealand? Yes/No

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**Education (including university, further education, etc. where applicable)**

Name of secondary school(s) attended \_\_\_\_\_  
\_\_\_\_\_

Qualifications (school certificate, university entrance) – (subjects)

\_\_\_\_\_  
\_\_\_\_\_

**Languages**

Can you speak any language other than English? \_\_\_\_\_

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**Qualifications**

Do you have any qualifications/certificates/licences/or attended any courses (give details)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the skills you hold which are relevant to the position applied for (e.g. crane operation, heavy trade, forkhoist, excavator, loader operation, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Employment History

## Present or Most Recent Employer

Company \_\_\_\_\_

Address \_\_\_\_\_

Job Held \_\_\_\_\_

Main Duties \_\_\_\_\_

No. of hours worked per week \_\_\_\_\_

Length of Service From .... / .... / .... To .... / .... / ....

Reasons for Leaving \_\_\_\_\_

\_\_\_\_\_

For the purposes of compliance with the Privacy Act 1993 do you consent to the Company contacting your present employer for the purposes of reference checking

Yes/No

## Next Most Recent Employer

Company \_\_\_\_\_

Address \_\_\_\_\_

Job Held \_\_\_\_\_

Main Duties \_\_\_\_\_

No. of hours worked per week \_\_\_\_\_

Length of Service From .... / .... / .... To .... / .... / ....

Reasons for Leaving \_\_\_\_\_

\_\_\_\_\_

**Next Most Recent Employer**

Company \_\_\_\_\_

Address \_\_\_\_\_

Job Held \_\_\_\_\_

Main Duties \_\_\_\_\_

No. of hours worked per week \_\_\_\_\_

Length of Service From .... / .... / .... To .... / .... / ....

Reasons for Leaving \_\_\_\_\_

Give details of any other job, which might be relevant \_\_\_\_\_

\_\_\_\_\_

Have you ever worked for this Company or an associated company before? Yes/No

If yes, where and when \_\_\_\_\_

Do you have secondary employment or other ways to supplement your income? Yes/No

If yes, please detail \_\_\_\_\_

**Referees**

Give name, address and telephone numbers of at least two referees.

Name	Position	Address	Phone Number
_____			
_____			
_____			

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your application is successful when could you commence employment \_\_\_\_\_

I consent to the Company seeking verbal or written information on a confidential basis 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 \_\_\_\_\_

## General

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 irregular hours including weekends? Yes/No

Are you prepared to work overtime if required? Yes/No

Have you ever been convicted of a criminal offence? Yes/No

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes/No

Independent Stevedoring Ltd requires you to disclose all convictions unless they are covered by the Criminal Records (Clean Slate Act) 2004. Details of criminal convictions: (Offence/Year Committed/Details of Fine/ PD/Supervision/ Imprisonment)

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Are you prepared to handle all products, materials, or equipment used in the industry? Yes/No

Do you have a current drivers licence? Yes/No

If yes, what class(es)? \_\_\_\_\_

Drivers Licence No \_\_\_\_\_

Do you have any demerit points or endorsements? Yes/No

If yes, please detail \_\_\_\_\_

Do you have a spouse, partner, relative or household – member working here or elsewhere in the industry.

If yes, who? \_\_\_\_\_

Where? \_\_\_\_\_

What transport arrangements do you have to attend your place of employment? \_\_\_\_\_

Are you a member of any territorial force unit? Yes/No

If so, have you completed whole time training? Yes/No

What are your interests/hobbies/sports/clubs or community activities?

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## Medical

If you are offered employment the offer is made subject to you obtaining a full medical clearance following the completion of our pre-employment medical and drug testing.

Do you agree to undergo a medical examination and drug test? Yes/No

Have you had an injury or medical condition caused by gradual process, disease or infection for example hearing loss, sensitivity to chemicals, repetitive strain injuries or back injuries that may be aggravated or further contributed to by the tasks of this job?

Yes/No

If yes, please detail \_\_\_\_\_

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 with this Company in the future?

Yes/No

## Declaration

I \_\_\_\_\_ (full name) declare that to the best of my knowledge the information supplied in this application and in any resume provided is correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, 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 from ACC. 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.

Signed \_\_\_\_\_

Date \_\_\_\_\_