NEW ZEALAND INSULATORS nzi TEMUKA

Pre-Employment Information Form

Note:	*The completion of this form does not indicate that there is any obligation for the Company to engage the applicant.*
Purpose:	*This information is collected for the purpose of assessing your suitability for employment at NZ Insulators, which may include subsequent changes in employment with the Company.*

PLEASE PRINT

Position Applied For: _____ Date of Application: _____

YOUR NAME IN BLOCK LETTERS

Surname: _____

Given Names: _____
(Please underline name used)

CONTACT DETAILS

Number and Street: _____

Town: _____

Work Phone Number: _____

Home Phone Number: _____

Email Address: _____

Emergency Contact Details : _____

_____

BIRTH DETAILS (*OPTIONAL*)

Date of Birth: _____ Age: _____
Day/Month/Year

Place of Birth: _____
Town *Country*

Please circle Yes or No

RESIDENT STATUS

Are you a citizen of New Zealand?	Yes	No
If yes, can you produce evidence if required?	Yes	No
if no, do you have the right of permanent residence?	Yes	No
If no, do you have a work permit? (Production of a passport is required for verification)	Yes	No

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EDUCATION: From: _____ To: _____

Name of Secondary Schools Attended: _____

_____

QUALIFICATION: (NCEA, School Certificate, University Entrance) / Subjects:

_____

OTHER QUALIFICATIONS: Yes / No (Subjects)

_____

_____

_____

EMPLOYMENT HISTORY: (Show recent employer first)

Employer	From / To	Position Held	Reason for Leaving

Have you ever been employed in any capacity by New Zealand Insulators? Yes / No

If yes please specify _____

REFEREES:
Give name, address and telephone numbers of at least two referees *(preferably from where you have worked).*

Name	Position	Address	Phone No

I consent to the Company seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released. Yes / No

If yes: _____ *(Signature)* Date: _____

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HEALTH & PHYSICAL RECORD:

Do you suffer from any of the following:	*Please circle Yes or No*	
Sight defects in either eye	Yes	No
Colour Blindness	Yes	No
Hearing defects in either ear	Yes	No
Respiratory illness *(including asthma)*	Yes	No
Back Ailments	Yes	No
Any physical factors preventing you from standing for long periods	Yes	No
Any physical factors preventing you from working on a 24 hour rotational shift basis	Yes	No

If you have answered yes to any of the above, please give details below:

_____

_____

I hereby declare that to the best of my knowledge I do not suffer from any illness or disability which might affect my ability to consistently and safely carry out the duties implicit in the position applied for. Further, I have not in the past suffered any injury which might affect my ability.

Exceptions: _____

I understand that failure to provide full and truthful information may mean loss of entitlement to eventual ACC Compensation.

OTHER

	Please circle Yes or No	
Are you prepared to undertake a Drugs / Alcohol test prior to being offered employment?	Yes	No
Will you allow NZI to undertake Police, Ministry of Justice and ACC Case history checks before being offered employment?	Yes	No
Do you have any past or current pending criminal convictions?	Yes	No
Are you prepared to undertake a pre-employment health assessment? (NZI will cover the costs of these checks and assessments)	Yes	No

I understand that failure to provide full and truthful information regarding criminal history may result in loss of employment.

Applicant's Signature: _____ Date: _____