

Application for employment as: _____
 Surname: Mr / Mrs / Miss / Dr _____
 First Names: _____
 Postal Address: _____
 Telephone Number: _____
 Email Address: _____

If you are a non-resident, do you hold a current New Zealand work permit? Yes No

1. Education & Training

Please attach or forward copies of relevant certificate(s)

Name of secondary school(s) attended
 (Including details of any examinations taken): _____ Dates: (from) _____ (to) _____

Further education (technical college, evening classes, etc.): _____ Dates: (from) _____ (to) _____

New Zealand Qualifications Authority
 NZQA Registration # _____
 Unit Standards Achieved:

Any craft or other training: _____ Dates: (from) _____ (to) _____

2. **Employment History** (starting with your present or most recent position):

(i) *Present Employer:*

Name: _____

Address: _____

Position: _____ Pay Rate: _____

Duties: _____

Employed from: _____

May we approach this employer for a reference? Yes No

Unless you request as follows, no approach will be made to your present employer before an offer of employment is made, in which case the offer may be conditional upon receipt of a satisfactory reference from your present employer.

- I do not want my present employer to be approached unless and until I am offered, subject to a satisfactory reference, the job for which I am applying.
- You may approach my present employer for a reference at any time.

(ii) *Previous Employer:*

Name: _____

Address: _____

Position: _____ Pay Rate: _____

Duties: _____

Employed from: _____ to _____

May we approach this employer for a reference? Yes No

(iii) *Previous Employer:*

Name: _____

Address: _____

Position: _____ Pay Rate: _____

Duties: _____

Employed from: _____ to _____

May we approach this employer for a reference? Yes No

3 Referees
(Please supply at least 2)

Name	Position and Company	Address	Phone #

4. Medical History

Do you have a health problem, disability or recurring injury or strain that is relevant to your job application? Yes No

If yes, please describe the health problem disability or recurring injury or strain:

Please give brief details and dates of any serious illness, operations or disabilities: _____

Do you know of any reason why, if appointed, you would be unable to attend regularly for work? Yes No

If so, please give details: _____

5. Company Medical

Employees working in the factory environment are required to undergo a pre-employment medical and ongoing health monitoring with these records being held in the employee's personnel files. Do you agree to under go these medicals? Yes No

6. Criminal Record

Have you been convicted in a Court of any criminal offences? Yes No

If yes do you wish to give details:

7 General Information

Do you have a current driver's license?

Class: _____
License #: _____

Yes No

Are you prepared to work shifts if required?

Yes No

Are you prepared to work overtime if required?

Yes No

Are you prepared to work off site if required?

Yes No

8 Additional Information

Please add here, or on a separate sheet, any additional information you wish to be considered in support of your application and which is relevant to it: _____

I understand that any false or misleading information given in this application may render my contract of employment, if I am appointed, liable to termination. I declare that to the best of my knowledge the above information and information submitted in any accompanying documents is correct.

Signature: _____

Date: _____

Please return to:

**A&G Price
Beach Rd
Private bag
Thames**

Phone: 64-7-8686060

Fax: 64-7-8686071

Email: _____@agprice.co.nz

Attn: _____