

Application Form

Attached is an Application for Employment which you requested to personally complete.

The application form is a source of information that will be used by B & M to assist it in considering your suitability to the position for which you are applying. Lack of information requested would prejudice the Company's ability to assess your suitability for the position.

You are entitled to access this information upon request to the Human Resources Manager.

The company shall destroy provided information relating to unsuccessful applicants. The above information is provided in accordance with the Privacy Act 1993.

B & M**EMPLOYMENT APPLICATION FORM****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 this Company to engage the applicant.)**PURPOSE**

This information is collected for the purpose of assessing your suitability for employment at which may include subsequent changes in employment with the company. We wish to retain the information on file.
Permission granted / not granted. (Strike one)

Please Print (In block Letters)

Position applied for: _____

Name: Mr / Mrs / Miss Surname: _____

Given Names (underline name used): _____

Address : _____

Telephone Home Phone No: _____

Work Phone No: _____

Place of Birth: _____

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

Are you an assisted immigrant under bond to the Government or any other employer?

Yes / No

Next of Kin:

Name _____

Address _____

Contact phone number _____

Relationship _____

Education

Name of secondary school(s) attended from _____ to _____

(Including University further education etc. where applicable)

Qualifications

(School Certificate, University Entrance) subjects

Other Qualifications

Can you speak any language other than English?

Yes/No

Languages _____

Employment History

Present or Most Recent Employer, from _____ to _____

Company: _____

Address: _____

Job Held: _____

Main Duties: _____

No. of hours worked per week _____

Reason for leaving: _____

Please describe the skills you hold which are relevant to the position applied for (eg. for a typist - typing speed, wordprocessing capability, shorthand capability, etc.)

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 From _____ to _____

Company: _____

Address: _____

Job Held: _____

Main Duties: _____

No. of hours worked per week _____

Reason for leaving: _____

Next Most Recent Employer From _____ to _____

Company: _____

Address: _____

Job Held: _____

Main Duties: _____

No. of hours worked per week _____

Reason for leaving:

Give details of any other job which may be relevant:

Have you ever worked for B & M Group before? Yes / No

If yes, when _____

Do you have secondary employment ? Yes / No

If yes, please give details _____

Referees

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

Name	Position	Address	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____

If your application is accepted when could you commence employment? _____

I consent to the company seeking verbal or written information about me from representatives of my previous employers and / or referee and authorise the information sought, to be released.

If yes _____ Signature. Date ____ / ____ / ____

General

Are you prepared to work overtime if required? Yes / No
 Have you 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
 Are you prepared to handle all products, material or equipment used in this industry? Yes / No

Yes / No

Do you have a current drivers licence?

If yes, what class? _____

Drivers Licence number _____

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

If yes, please detail: _____

Occupation of spouse / partner? _____

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 interest/hobbies/sports/clubs or community activities? _____

MEDICAL

Do you smoke? Yes / No

Do you agree to undergo a medical examination if required? Yes / No

Are you allergic to, or have any sensitivity to any substances or chemicals? Yes / No

Do you require corrective lenses or contact lenses? Yes / No

Have you ever suffered from a manual handling or back injury requiring time off work? Yes / No

If yes, please detail:

State any serious injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for:

Do you have any other known condition, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? Yes / No

If yes, Please detail:

Do you have any known condition, which might put other staff at risk? Yes / No

Have you made any ACC or Workers Compensation claims for accidents or injuries which may affect your ability to carry out the duties and responsibilities of the position applied for?

Yes / No

If yes please detail:

In your past employment have you been exposed to:

Noise

Yes / No

Asbestos

Yes / No

Heavy metals

Yes / No

Solvents

Yes / No

Skin irritants

Yes / No

Infectious material

Yes / No

OOS

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 answers in this application are 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 may result in my loss of entitlement for any compensation from ACC or my Employers workplace accident insurer.

Signed: _____

Date: ____/____/_____