

Pre-Employment Application form

Confidential

(To be completed personally by job applicant)

The completion of this form does not indicate any obligation on ER Freeman Ltd to employ the applicant

The information collected is for the sole purpose of assessing your suitability for employment within ER Freeman Ltd.

Please print using CAPITAL LETTERS

Date of Application: _____

Position applied for: _____

Location: _____

Personal Details

Family Name: _____

First Name: _____

Preferred Name: _____

Are you know by any other name(s)?: _____

Maiden Name (if applicable): _____

Contact Address: _____

Home Number: _____

Other Number: _____

Email: _____

Employment Status

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

If so, as a:

New Zealand citizen Yes No

Permanent Resident Yes No

Holder of a current New Zealand work permit Yes No

Education

Highest Level of education achievement achieved: _____

Where this was achieved and what year: _____

Other Qualifications: _____

Licence

Do you hold a current, clean New Zealand driving licence? : _____

Class?: _____

Endorsement?: _____

Do you hold a current fork lift licence?: _____

Expiry Date: _____

Employment History

Current or most recent employer

Company: _____

Address: _____

Position held: _____

Main duties: _____

Hours worked: _____ Length of service: _____

Reason for leaving: _____

For the purpose of compliance with the Privacy Act 1993, do you consent to Freeman Group Ltd contacting your present employer for the purposes of reference checking? Yes No

Company: _____

Address: _____

Position held: _____

Main duties: _____

Hours worked: _____ Length of service: _____

Reason for leaving: _____

Company: _____

Address: _____

Position held: _____

Main duties: _____

Hours worked: _____ Length of service: _____

Reason for leaving: _____

Have you ever worked for any of the Freeman Group Ltd branches throughout New Zealand?

Yes No

If YES, which branch and when?: _____

Do you have secondary employment?: Yes No

If YES, please provide detail: _____

Medical

Are you being treated by a doctor for any illness or condition? Yes No

If YES, please provide detail: _____

Are you receiving any medical treatment or taking any medication? Yes No

If YES, please provide detail: _____

Have you ever suffered from a serious accident or injury? Yes No

If YES, please provide detail: _____

Have you ever suffered or suffering from the following:

Asthma Yes No

If YES, please provide detail: _____

Heart disease or surgery Yes No

If YES, please provide detail: _____

Loss of hearing Yes No

If YES, please provide detail: _____

Blackouts Yes No

If YES, please provide detail: _____

Back pain, sciatica, slipped disc Yes No

If YES, please provide detail: _____

Neck injury, whiplash Yes No

If YES, please provide detail: _____

Head injury, concussion Yes No

If YES, please provide detail: _____

Referees

Please give the following details of at least two (2) referees that we can contact:

Name: _____

Position: _____

Company: _____

Phone Number: _____

Name: _____

Position: _____

Company: _____

Phone Number: _____

If your application is successful, when could you commence employment: _____

General

If required, are you able to work shift work? Yes No

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

Do you have any criminal convictions? Yes No

If YES, please detail: _____

Have you even been the subject of a diversion ordered by the courts?: _____

Are you awaiting the hearing of any criminal charges? Yes No

If YES, please detail: _____

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

Privacy Act consent

Do you consent to Freeman Group Ltd retaining any information contained in this application form for the purposes of considering your suitability for any other position that may arise with us in the future? Yes No

Declaration

I _____ (full name) declare that to the best of my knowledge, the information provided in this application and in any resume attached, is accurate. I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated, or result in a dismissal. I further understand that any offer of employment if made, is conditional on a pre-employment Drug and Alcohol test, as per Freeman Group Ltd company policy.

Signed: _____ Dated: _____

Reference Consent

Name of previous employer/ reference 1

I, _____ consent to Freeman Group Ltd, seeking verbal or written reference on a confidential basis from _____ (person) of _____ (organisation) about me, and authorise the information sought to be released for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the company is supplied in confidence as evaluative material and will not be disclosed to me.

Signed: _____ Dated: _____

Name of previous employer/ reference 2

I, _____ consent to Freeman Group Ltd, seeking verbal or written reference on a confidential basis from _____ (person) of _____ (organisation) about me, and authorise the information sought to be released for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the company is supplied in confidence as evaluative material and will not be disclosed to me.

Signed: _____ Dated: _____