



**Employment History**

**Present or Most Recent Employer**

**From** Company \_\_\_\_\_  
**To** Address \_\_\_\_\_  
Job Held \_\_\_\_\_  
Main Duties \_\_\_\_\_  
No. of hours worked per week \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

For the purposes of compliance with the Privacy Act 1993, do you consent to Tauranga Canvas Co Ltd contacting your present employer, for the purposes of reference checking.  
Yes/No \_\_\_\_\_

**Next Most Recent Employer**

**From** Company \_\_\_\_\_  
**To** Address \_\_\_\_\_  
Job Held \_\_\_\_\_  
Main Duties \_\_\_\_\_  
No. of hours worked per week \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Next Most Recent Employer**

**From** Company \_\_\_\_\_  
**To** Address \_\_\_\_\_  
Job Held \_\_\_\_\_  
Main Duties \_\_\_\_\_  
No. of hours worked per week \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Referees**

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

<b>Name</b>	<b>Position</b>	<b>Address</b>	<b>Phone No.</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MEDICAL**

Type

- Do you agree to undergo a medical examination if required? Yes or No \_\_\_\_\_
- Do you agree to undergo drug testing if required? Yes or No \_\_\_\_\_
- Are you at present receiving medical treatment and/or medication? Yes or No \_\_\_\_\_
- If yes, please detail \_\_\_\_\_
- Are you allergic to, or have any sensitivity to any substances or chemicals? Yes or No \_\_\_\_\_
- Do you smoke? Yes or No \_\_\_\_\_
- Have you ever suffered from a back injury requiring time off work? Yes or No \_\_\_\_\_

State any serious injury or illness (including stress) 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 or No \_\_\_\_\_
- If yes, please detail \_\_\_\_\_  
\_\_\_\_\_

**GENERAL**

- Are you prepared to work shifts if required to do so? Yes or No \_\_\_\_\_
- Do you have any criminal convictions, not including any concealed under the Criminal Records (Clean Slate) Act? Yes or No \_\_\_\_\_
- Have you ever been the subject of a Diversion ordered by the courts? Yes or No \_\_\_\_\_
- Are you awaiting the hearing of any criminal charges? Yes or No \_\_\_\_\_
- If yes, please detail: \_\_\_\_\_
- Are you prepared to handle all products, materials or equipment used in this industry? Yes or No \_\_\_\_\_
- Do you have a current drivers license? Yes or No \_\_\_\_\_
- If yes, what class? \_\_\_\_\_
- Drivers License number \_\_\_\_\_
- Do you have any demerit points or endorsements? Yes or No \_\_\_\_\_
- If yes, please detail: \_\_\_\_\_
- Do you have a forklift license? Yes or No \_\_\_\_\_

What are your interest/hobbies/sports/clubs or community activities? \_\_\_\_\_  
\_\_\_\_\_

## Machinery/Equipment Experience

Listed below is some of the machinery you might be required to operate should your application for employment with Tauranga Canvas Co Limited be successful. In order for the company to initially assess your experience and competence with the range of machinery it uses – please complete the table below.

<b>Machinery/Equipment Type</b>	<b>Have you used this type of machinery in the past? Y/N</b>	<b>If yes –for how long? Years/Months</b>	<b>Do you have any documentation certifying such training/experience</b>
<b>Drills</b>			
<b>Industrial Sewing Machine</b>			
<b>Forklift</b>			
<b>Rivet Gun</b>			
<b>Huck Gun</b>			
<b>Drill Press</b>			
<b>Drop Saw</b>			
<b>Skill Saw</b>			
<b>Grinders</b>			
<b>Linishers</b>			
<b>Hot Gun / Knife</b>			
<b>Rope / Webbing Cutter</b>			
<b>Press Machine</b>			
<b>Gantry Crane</b>			
<b>Table Plotter</b>			
<b>High Frequency Welder</b>			
<b>Air Compressor / Air Lines</b>			
<b>Other (list)</b>			

**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.

Signed \_\_\_\_\_ Date \_\_\_\_\_