

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

(To be completed personally by job applicant)

Note: The completion of this form does not indicate any obligation on TDL Group Ltd to employ the applicant.

Purpose: This information is collected for the purpose of assessing your suitability for employment at TDL Group Ltd, which may include subsequent changes in employment with the Company.

PLEASE PRINT USING CAPITAL LETTERS

DATE OF APPLICATION:

POSITION APPLIED FOR:

WERE YOU REFERRED BY A TDL EMPLOYEE? YES / NO

IF YES, BY WHOM:

YOUR NAME: Family Name:
Given names:
Are you known by any other name(s)?
Maiden Name (if applicable):

YOUR CONTACT ADDRESS AND TELEPHONE NUMBERS
Contact address:
Home no: Other no.

AGE Have you reached the current school leaving age (16 years)? Yes/No

LEGAL WORK STATUS Are you legally entitled to work in New Zealand? Yes/No
As: A New Zealand citizen Yes/No
A permanent resident Yes/No
A holder of a current work permit Yes/No

EDUCATION Including university, further education, etc where applicable
Name of secondary school(s) attended
Qualifications (school certificate, university entrance, subjects)
.....

	Other qualifications:	Yes/No (subjects)
	
	
LANGUAGES	<p>Can you hold an every day conversation in English? Yes/No</p> <p>Can you hold an every day conversation in any language(s) other than English? If so, give details:</p> <p>.....</p>	
QUALIFICATIONS	<p>Do you have any other qualifications/certificates/licences/or attended any courses? (Give details)</p> <p>.....</p> <p>.....</p> <p>Please describe the skills you hold which are relevant to the position applied for (eg. for a typist – typing speed, word processing capability, shorthand capability, etc).</p> <p>.....</p> <p>.....</p> <p>Licence Number:</p> <p>Classes/Endorsements Held: 1 / 2 / 3 / 4 / 5 / F / D / P / T / W / V (circle)</p> <p>Please rate your knowledge/experience in the following categories 1-5, 1 being poor and 5 being good.</p> <p>Load Security:..... Traping:.....</p> <p>Backing Semi:..... Backing Truck& Trailer:.....</p> <p>Backing B-Train:..... Forklift Experience:.....</p> <p>Swinglift Experience:..... General Machinery Experience:.....</p> <p>Cleaning Ability:.....</p>	
EMPLOYMENT HISTORY	<p>Present or most recent employer</p> <p>Company:</p> <p>Address:</p> <p>Job held:</p> <p>Main duties:</p> <p>No of hours worked per week: Length of service:</p> <p>Reason for leaving:</p> <p>For the purposes of compliance with the Privacy Act 1993, do you consent to TDL Group Ltd contacting your present employer for the purposes of reference checking and furthermore conducting a DriverCheck inquiry? Yes/No</p>	

Next most recent employer

Company:

Address:

Job held:

Main duties:

No of hours worked per week: Length of service:

Reason for leaving:

Next most recent employer

Company:

Address:

Job held:

Main duties:

No of hours worked per week: Length of service:

Reason for leaving:

Have you ever worked for TDL Group Ltd, or an associated Company before? Yes/No

If yes, where and when:

Do you have secondary employment? Yes/No

If yes, please detail:

Have you ever had a heavy motor vehicle accident? Yes/No

If yes, please detail:

Will you require any outstanding amounts deducted from your wages? Yes/No

If yes, please detail:

Have you ever failed a drug test? Yes/No

If yes, please detail:

Have you ever failed a breath test? Yes/No

If yes, please detail:

REFEREES

Give name, address and telephone numbers of at least two referees:

Name:

Position:

Company:

Ph no.

Name:

Position:

Company:

Ph no.

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

GENERAL	Are you prepared to work shifts if required to do so?	Yes/No
	Have you ever worked shifts before?	Yes/No
	Are you prepared to work overtime if required?	Yes/No
	Have you ever brought a personal grievance against a previous employer? If yes, please detail:	Yes/No
	
	Do you have any criminal convictions? If yes, please detail:	Yes/No
	
	Have you ever been the subject of a Diversion ordered by the courts?	Yes/No
	Are you awaiting the hearing of any criminal charges? If yes, please detail:	Yes/No
	
	Do you have any demerit points?	Yes/No
	Do you have any civil legal proceedings against you pending? If yes, give detail:	Yes/No
	

Do you have a spouse, partner, friend or relative working here or elsewhere in the same industry? If yes, who?	Yes/No
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Are you able and prepared to handle all products, materials, or equipment used in the industry?	Yes/No
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What transport arrangements do you have to attend your place of employment?

What are your interests/hobbies/sports/clubs or community activities?

PRIVACY ACT CONSENT

Do you consent to TDL 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 enclosed, 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. I further understand that any offer of employment if made, is conditional on my obtaining a full medical clearance.

Signed: Date:

REFERENCE CONSENT (1)

Name of previous employer:

I, Consent to TDL 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.

Signature of candidate: Date:

REFERENCE CONSENT (2)

Name of previous employer:

I, Consent to TDL 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.

Signature of candidate: Date:

DECLARATION OF PREVIOUS INJURIES

Under the new ACC legislation, TDL Group Ltd, as your prospective employer, has responsibility to become acquainted with your past ACC history.

Under Subsection 6 of Section 7 of the Accident Rehabilitation Insurance Act 1992, you are obliged to provide Transport & Storage Dynamics with specific information on any accident or accidents in which you may have been involved in the past (either work-related or non work-related).

Should you fail to disclose any relevant information, or say you are not:

- Suffering or have suffered from a personal injury; or
- Suffering or have suffered from a specific condition likely to materially contribute to that injury caused by gradual process, disease or, infection arising out of and in the course of employment;

This will mean that entitlement to any treatment, service, rehabilitation, related transport, grant or allowance in respect of any such gradual process is lost.

This provision also includes base-line hearing tests required to be carried out in accordance with the regulations made under this Act.

Should you refuse to undergo a base-line medical test, we are obliged to advise you that the consequences of such a refusal are that you will have no Accident Compensation entitlement in the future.

I acknowledge that I have read and been informed of the foregoing and understand the consequences of non-disclosure of any previous Accident Compensation history.

Signed:

Date:

MEDICAL HISTORY QUESTIONNAIRE

To be completed by the applicant and reviewed by the Medical Practitioner.
Please comment on any abnormalities in the space provided and read all questions carefully.

Are you being treated by a doctor for any illness or condition?	Yes	No	If Yes, give details:	
Have you ever had an operation?	Yes	No	If Yes, give details:	
Are you receiving any medical treatment or taking any medication?	Yes	No	If Yes, give details:	
Have you ever suffered a serious accident or injury?	Yes	No	If Yes, give details:	

Have you ever suffered from, or do you now suffer, from the following?

Asthma	Yes	No	If Yes, give details:	
Heart disease or surgery	Yes	No	If Yes, give details:	
Chest pain, angina	Yes	No	If Yes, give details:	
High blood pressure	Yes	No	If Yes, give details:	
Deafness, loss of hearing	Yes	No	If Yes, give details:	
Blackouts, fits, epilepsy	Yes	No	If Yes, give details:	
Diabetes	Yes	No	If Yes, give details:	
Back pain, sciatica, slipped disc	Yes	No	If Yes, give details:	
Neck injury, whiplash	Yes	No	If Yes, give details:	
Allergies	Yes	No	If Yes, give details:	
Head injury, concussion	Yes	No	If Yes, give details:	
Hernia	Yes	No	If Yes, give details:	
Arthritis, rheumatism	Yes	No	If Yes, give details:	
Psychiatric illness	Yes	No	If Yes, give details:	
RSI, OOS (occupational overuse syndrome), tenosynovitis, fibromyalgia, chronic pain syndrome	Yes	No	If Yes, give details:	
Shoulder injury or strain	Yes	No	If Yes, give details:	
Elbow strain or tennis/golfers elbow	Yes	No	If Yes, give details:	
Wrist strain or carpal tunnel syndrome	Yes	No	If Yes, give details:	

Have you ever suffered from, or do you now suffer, from the following? - Continued

Hand or finger problems

Yes	No
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If Yes, give details:

Knee problems, cartilage injury

Yes	No
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If Yes, give details:

Have you ever been regularly exposed to:

Loud noise

Yes	No
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If Yes, give details:

Do you have any condition which would prevent you from wearing safety footwear or other safety equipment

Yes	No
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If Yes, give details:

Have you ever been prevented from holding a job because of reaction to chemicals or dust

Yes	No
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If Yes, give details:

Where have you been working most recently

Give details

I certify that the information given on this form is true and correct in every respect and that I fully understand why the information is requested. I further understand that should I gain employment with TDL Group Ltd and the information I have given in this form is subsequently found to be false or misleading and this impacts upon my ability to perform the duties of my role, this may jeopardise my continued employment with TDL Group Ltd.

Signed: _____

Date: _____

CONSENT TO PERFORM PRE-EMPLOYMENT MEDICAL EXAMINATION

1. I consent to undergo a pre-employment medical examination to be undertaken by a medical professional, appointed by TDL Group Ltd. I acknowledge that the company requires this examination for the purpose of determining whether I am properly able to carry out my duties if the company employs me.
I understand that these procedures could include any or all of the following:
A physical examination including; health questionnaire; vision test; hearing test; chest x-rays; lung function; blood and urinalysis or any other form of testing relevant to the position offered, which the company may require.
2. I also agree to provide proof of identity, which will include my photograph, so that the company can forward it to the medical professional undertaking the pre-employment medical examination.
3. Medical records will remain confidential to the medical professionals and the appropriate company representative involved. Only the results relevant to this application will be communicated to the company. The medical record of the examination will be filed with the HS&E Coordinator. This record will not be accessible by anyone except the doctor, and the relevant company representative without obtaining your prior consent.
4. I understand that a refusal to sign this form, or undergo a drug test, or return a positive result from the drug test means that the job applied for/offered may not be offered/confirmed to me.
5. Results of the medical examination will only be used for the purposes for which they were obtained.

I acknowledge that:

- a) I have read and understand the terms of this consent form; and
- b) I have the right to access and request the correction of any personal information held by the company or medical professional concerning me.

SIGNED: _____ DATE: ____/____/____
(Applicant)

CONSENT TO PERFORM PRE-EMPLOYMENT DRUG TEST

1. I consent to undergo a pre-employment drug test to be undertaken by a medical professional, appointed by TDL Group Ltd. I acknowledge that the company requires this examination for the purpose of determining whether I am properly able to carry out my duties if the company employs me.
I understand that these procedures could include any or all of the following:
That the procedures involve the taking of a urine sample (s) for testing to detect for any illicit drug(s) present in my urine, higher than the accepted international standard as defined by AS/NZS 4308:2001.
2. I also agree to provide proof of identity, which will include my photograph, so that the company can forward it to the medical professional undertaking the pre-employment drug testing.
3. The drugs being tested for are cannabinoids, opiates, amphetamines, cocaine and benzodiazepines.
4. I understand that I may request a second test be conducted and analysed within 14 days of receiving the result. If the second test proves positive this will be accepted as a conclusive result and costs associated with this test will be borne by me. If the second test proves negative this will be accepted as a conclusive result and cost associated with this test will be reimbursed by TDL Group Ltd.
5. Medical records will remain confidential to the medical professionals and the appropriate company representative involved in accordance with the requirements of the Privacy Act 1993. Only the results relevant to this application will be communicated to the company. The medical record of the examination will be filed with the HS&E Coordinator. This record will not be accessible by anyone except the doctor, and the relevant company representative without obtaining your prior consent.
6. I understand that a refusal to sign this form, or undergo a drug test, or return a positive result from the drug test means that the job applied for/offered may not be offered/confirmed to me.
7. Results of the medical examination will only be used for the purposes for which they were obtained.

I acknowledge that:

- c) I have read and understand the terms of this consent form; and
- d) I have the right to access and request the correction of any personal information held by the company or medical professional concerning me.

SIGNED: _____ DATE: ____/____/____
(Applicant)