

LABOURWORKS APPLICATION CARD

PERSONAL DETAILS

First name: _____ Middle name: _____ Surname: _____

DOB: / / Gender: Male Female (please circle)

Address: _____ City: _____ Postcode: _____

Mobile: _____ Phone: _____ Email address: _____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

Transport: Car Bike (please circle) Other transport _____ (please state)

Availability: Day Afternoon Night Saturday Sunday Shift work All (please circle all that apply)

Are you legally entitled to work in New Zealand? Yes No (please circle) Visa No: _____

Licences: Learners Restricted 1 2 3 4 5 6 W T R F Fosh D.G. (please circle all that apply)

Have you had any criminal convictions? Yes No (Please circle and then discuss with consultant before specifying)

HEALTH STATUS

Do you have any disability, injury or illness which may effect you at work? Yes No (please circle)

If so, please specify: _____

Do you suffer from any of the following? (please circle your answers)

Asthma: Yes No Eyesight: Yes No Headaches: Yes No

Hearing: Yes No Back injury: Yes No Date of injury: / /

Do you have any allergic conditions or reactions that you know of that may effect you at work? Yes No (please circle)

If so, please specify: _____

EMPLOYMENT HISTORY (Start with present or most recent job)

Company name: _____ Position held: _____

Duties and responsibilities: _____

Reason for leaving: _____

Start date: / / End date: / /

Company name: _____ Position held: _____

Duties and responsibilities: _____

Reason for leaving: _____

Start date: / / End date: / /

Company name: _____ Position held: _____

Duties and responsibilities: _____

Reason for leaving: _____

Start date: / / End date: / /

I certify that all the above information is correct to the best of my knowledge. Any false information given is a serious misconduct and will result in disciplinary action which may lead to dismissal.

Candidate's signature Date