



EMPLOYMENT APPLICATION FORM

Date _____

PERSONAL DETAILS

Name _____

Address _____

Phone _____ Mobile _____

Email _____

Next of Kin _____ Contact Number _____

Nationality _____

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

Do you have New Zealand Citizenship or Permanent Residence? Yes / No

If no, do you have a Work Permit? Yes / No

Are you on any medication? Yes / No

Do you smoke? Yes / No

Are you of good health & fit to work? Yes / No

Do you suffer from an injury, illness or disability? Yes / No

If yes, list here _____

What is your doctor's name & contact? _____

What are your hobbies & interests? _____

Have you been convicted during the last 5 years of **any** criminal offences? Yes / No

If yes, list here _____

Do you have a driver's license? Yes / No Learners Restricted Full

Do you have any other licenses? Yes / No *If yes, list here* _____

Do you require travel assistance to work? Yes / No

Are you currently employed? Yes / No *If yes, list here* _____

Do you have your own vehicle? Yes / No

What is your normal method of transport? *Car* *Public Transport* *Other*

Which shifts can you work? *Day* *Night* *Graveyard*

Where in Auckland can you work? *West* *City* *East* *South*

When can you start work? _____ Hourly Rate Expected \$ _____

Would you like to receive jobs via text messages as well? Yes / No

How did you hear about Staffline? Job Advert Advert WINZ
Family/Friend Other _____

OFFICE USE ONLY:

Copy of Identification _____

Copy of License(s) _____

Next of Kin _____

Kin _____

Kiwisaver _____

Work Permit Checked (copy) _____

Bank Number _____

IRD Number _____

Health & Safety Induction _____

Driver Check Form _____

Ministry of Justice Form _____

Next of Kin _____

Notes:



EDUCATION & TRAINING HISTORY

Please provide information on your education and training history in the table below. List your most recent first.
Note: If you have a CV attached with information relating to your education and training, then do not fill out the table below...

Name of Certificate or Course	Name of Training Organisation	Duration of Course	Year Completed	Result (Completed, Not Completed, In Progress)

EMPLOYMENT HISTORY

Please provide information of your last three jobs in the table below. List your most recent job first.
Note: If you have a CV attached with information relating to your employment, then do not fill out the table below...

Job	Company	Position	Responsibilities	Start	Finish	Reason for leaving	Pay Rate	Manager / Phone
1								
2								
3								

VERBAL REFERENCES

Please name people you have worked with who can guarantee your work history.

Name	Position	Company	Phone	Email



Office Use Only:

Employment Option – Interviewer Notes

EMPLOYMENT OPTIONS

Select which of the following jobs you would like to do: (please tick)

- | | | |
|----------|----------|-----------|
| Factory | Stores | Forkhoist |
| Labourer | Roadwork | Steelwork |
| Trades | Other | List Here |
-

HEALTH & SAFETY MANDATE

- I acknowledge that a Staffline Limited Representative has explained my obligations relating to safety and health in the workplace.
- As I will be placed in employment with a range of companies and in a range of different environments and or work places, I agree to abide by all safety and health rules and regulations pertaining to a particular place of work, and as instructed by my supervisor / manager on the site. To comply with safety and health on job sites, I understand that I will be provided with a basic safety and health induction each time I start a new assignment at a new job site.
- I agree that failure to comply with safety and health in the workplace could result in serious harm and or fatality in the workplace.
- I agree to report all accidents and or near accidents or unsafe work practices to a Staffline Limited representative and or supervisor / manager on a particular site.
- I acknowledge that if I am involved in a workplace accident, I will report the accident to my supervisor / manager. I will fill in all necessary documentation relating to my injury and advise a Staffline Limited Representative immediately. I further acknowledge that this is required to receive injury compensation from ACC and from Staffline Limited. I understand that failure to provide correct documentation could result in non- payment of any injury compensation from Staffline Limited.
- I understand that if I am requested to perform a job / duty in a particular workplace which I feel is unsafe and may compromise my safety and the safety of my workmates, then I should contact my Staffline Limited representative and or speak immediately to my supervisor / manager on a job site.
- I agree to wear all necessary safety gear which is required to safely perform a job whilst working as a temporary employee at a job site. If I require additional safety gear whilst working I can speak to my supervisor / manager or Staffline Limited representative. Safety gear could include but isn't restricted to the following: Safety Boots, Hi-Vis Jackets, Eyewear or goggles, Overalls, Gloves, Masks, Coveralls, Face and Hair Nets, Helmets etc...
- If you require safety gear, please consult with your Staffline Limited representative.
- I will not operate a fork hoist, or any other equipment which I am not licensed to or do not have the proper training to operate.
- If I am on a job site and at any stage am concerned about my safety and health relating to a particular job, I will consult my work place supervisor or manager immediately.
- If I do not abide by safety and health regulations on a workplace and I am involved in an accident, I hereby indemnify my supervisor / manager and or Staffline Limited from any liability

SIGNED
Employee: _____

SIGNED
Company: _____

DATE:

