



APPLICATION FOR EMPLOYMENT WITH CHING CONTRACTING LIMITED

CONFIDENTIAL

Welcome to Ching Contracting Limited. Please fill in this form personally and attach copies of any references, qualifications or other achievements which support your application.

IMPORTANT – PRIVACY ACT STATEMENT

- Information requested within this application is required for the purpose of considering your suitability for the position for which you are applying.
- Should your application be successful this information will be kept on your personal file and an electronic database available only to yourself, your Manager(s) and Human Resource Personnel. An exception will be made only where an emergency exists and contact details are required.
- Should your application be unsuccessful this form will be retained for one year unless otherwise requested.

Your name: _____ **Date:** _____

What position are you applying for: _____

How did you learn of this vacancy: _____

PERSONAL INFORMATION

Title: Mr, Mrs, Ms, Miss Surname: _____

First Names: _____

What is your preferred name: _____ Date of birth: / /

Address:

Telephone Number: Home _____ Work: _____

ELIGIBILITY TO WORK IN NEW ZEALAND

Are you a New Zealand Resident? Yes / No

OR

Do you hold a current work permit? Yes / No

Expiry Date _____

DRIVERS LICENCE

Do you hold a current NZ drivers licence? Yes / No

If yes, in what categories? _____

Licence Number: _____

WHAT EDUCATION HAVE YOU RECEIVED?

Last School / College Attended: _____

Highest Form Reached _____ Highest Qualification Gained: _____

Subjects: _____

OTHER QUALIFICATIONS

Please list any qualifications, certificates or courses attended and the year completed.

CURRENT TRAINING

Are you currently learning any new skills through correspondence courses, night classes or any other training programme?

WHAT OTHER SKILLS DO YOU HAVE WHICH COULD BE USEFUL IN THIS JOB?

HOBBIES / INTERESTS / SPORTS / COMMUNITY INVOLVEMENT

What do you do in your spare time?

EMPLOYMENT HISTORY

Where did you work last or where do you work at present?

Employer: _____

Position held: _____

Dates Employed: From _____ To _____

Duties:

Previous Employment: List in date order your three most recent jobs, other than your present employment.

1. Employer: _____

When was this? From _____ To _____

What were your main duties?

Why did you leave? _____

2. Employer: _____

When was this? From _____ To _____

What were your main duties?

Why did you leave? _____

3. Employer: _____

When was this? From _____ To _____

What were your main duties?

Why did you leave? _____

REFEREES

Please list at least two people you have worked for that we can contact. You can also include one non work referee if you wish.

1. Name:

Position:

Company:

Phone:

2. Name:

Position:

Company:

Phone:

3. Name:

Position:

Company:

Phone:

I consent to Ching Contracting seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released, by those contacted, to Ching Contracting for the purposes of ascertaining my suitability for the position I am applying for.

If you consent to this **Sign** _____ **Date** _____

OTHER INFORMATION

Have you ever worked for this Company or an associated company before?

If yes, where and when?

Are any members of your family or close friends currently employed by Ching Contracting Limited?

If yes, please provide details

What transport arrangements do you have for getting to work?

When could you commence employment with Ching Contracting Ltd? _____

TELL US ABOUT YOURSELF

Please write a brief passage describing why you would like to work for Ching Contracting and why you think you will be good at the job you have applied for.

The information in this box is collected only to ensure we have accurate information about who to contact in an emergency. It plays no part in the selection process.

WHO SHOULD WE CONTACT IF YOU HAVE AN EMERGENCY AT WORK?

Name: _____

Address: _____

Telephone Number: Home _____ Work _____

Doctors Name: _____

Doctors Telephone Number _____

HEALTH

In relation to your health or physical capabilities is there anything which might prevent you from performing the duties of this position?

If yes, please give details.

- We require all applicants to have a health assessment prior to employment being confirmed.
- Applicants are advised that Ching Contracting Limited has a Smoke Free Policy. Smoking in Chings offices is prohibited.

DECLARATION

I _____ declare that to the best of knowledge the answers in this application are correct. 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.

Signature: _____

Date: _____

Pre-employment check - request for ACC claims history



Please complete this form and then email it to preemploymentchecks@acc.co.nz, including a copy of the applicant's photo ID.

Employers and recruitment agencies: unless the job applicant gives specific permission, the claims history provided will not include information about any:

- mental injury as a consequence of physical injury claims
- declined claims
- treatment injury claims
- claims occurring more than 10 years ago
- sensitive claims
- wilfully self-inflicted claims
- accidental death claim dependants

PART A: IDENTIFYING DETAILS

1. JOB APPLICANT'S DETAILS		• PLEASE COMPLETE CLEARLY IN CAPITAL LETTERS
Full name:	Date of birth:	
Other names:	Phone number:	
Address:	Last address (if applicable):	

2. EMPLOYER OR RECRUITMENT AGENCY DETAILS		•
Organisation name:	Contact person's name:	
Contact phone number:	Contact email address:	

PART B: CONSENT FOR ACC TO RELEASE INFORMATION

3. JOB APPLICANT'S CONSENT AND SIGNATURE		•
<p>I authorise ACC to release my ACC claims history to the employer or recruitment agency named in Part A.</p> <p>I understand that this information will only be used to decide whether I can carry out the job safely.</p> <p>I understand I have the right:</p> <ul style="list-style-type: none"> • to see and correct this information under the Privacy Act 1993 • that the employer or recruitment agency will use this information responsibly, and comply with the Privacy Act 1993, Health Information Privacy Code 1994 and the Human Rights Act 1993 • that the employer or recruitment agency will destroy the information once the job application process is complete. 		
Job applicant's signature:	Date:	