

## APPLICATION FOR EMPLOYMENT

**File Ref:** GCMF802.01  
**Issue Date:** December 2018  
**Review Date:** December 2021  
**Owner:** General Manager

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This is an application for employment with Anderson and Flowers Limited and is to be personally completed by the applicant.

The information which you supply on this application form is to assess your suitability for employment with Anderson and Flowers. This information will be held secure with Anderson & Flowers Management and no information will be disclosed to a third party without your authorisation, except as required by law. Information on successful candidates will form part of the employment records. Information on unsuccessful candidates will be destroyed after 12 months.

Failure to complete all questions truthfully will render the application invalid and, should you have been successful in your application, will be grounds for instant dismissal. Any false information given in the pre-existing injury or condition section of this form may also result in loss of entitlement to any compensation from ACC, as provided in section 7 of the Accident Rehabilitation and Compensation Insurance Act.

You have the right to access personal information held by Anderson and Flowers, in the presence of a Manager, and may request correction.

### DECLARATION

I have read, understand and agree to the foregoing.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**POSITION APPLIED FOR:** \_\_\_\_\_

**First Names:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone (Work):** \_\_\_\_\_ **(Home):** \_\_\_\_\_

New Zealand immigration legislation limits employment in New Zealand to New Zealand citizens, residents or holders of a current work permit.

Are you a citizen or resident of New Zealand? **Yes / No**

If No, do you hold a current work permit? **Yes / No**

Evidence of eligibility to employment in New Zealand will be required prior to any offer of employment

## **GENERAL**

Do you have a current drivers licence? **Yes / No**

**Licence Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

Do any special conditions apply? **Yes / No**

If Yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### EDUCATION

Please list the schools and education institutions you have attended:

**From:**    **To:**    **School or Institution:**

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### EDUCATIONAL, TRADE, AND PROFESSIONAL QUALIFICATIONS

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(Evidence of qualifications will be required prior to any offer of employment)

### ATTENDANCE RECORD

Have you been absent from work for a period of more than 2 weeks, other than for annual holidays, in the past 2 years ?    **Yes / No**

If yes, please state the reason and duration:

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Do you suffer from any illness or injury or other disability which may adversely affect your performance, regular attendance, personal safety or safety of others ?    **Yes / No**

If yes, please provide brief details:

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**COURT CONVICTIONS**

Have you ever been convicted in a court in New Zealand or any other country? **Yes / No**

Are there any charges against you yet to be heard? **Yes / No**

If Yes, to either of the forgoing, please provide brief details.

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**AVAILABILTY**

Would you be available to work overtime as and when required? **Yes / No**

If your application were successful, when would you be able to commence employment with Anderson and Flowers Limited ?

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**GENERAL INFORMATION**

Please disclose any information you feel relevant to your application, or that you would like Anderson & Flowers to take into consideration with your application

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**EMPLOYMENT HISTORY**

Please list your most recent employer first.

**Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Position(s) held:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

I agree / do not agree to this employer being contacted for reference checking purposes and accordingly do / do not authorise the disclosure of such information that may be requested.

**Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Position(s) held:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

I agree / do not agree to this employer being contacted for reference checking purposes and accordingly do / do not authorise the disclosure of such information that may be requested.

**Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Position(s) held:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

I agree / do not agree to this employer being contacted for reference checking purposes and accordingly do / do not authorise the disclosure of such information that may be requested.

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**REFEREES**

Please list 2 personal referees whom may be contacted for a personal reference

**Name:** \_\_\_\_\_ **Association:** \_\_\_\_\_

**Contact Details (phone/email etc.):** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Association:** \_\_\_\_\_

**Contact Details (phone/email etc.):** \_\_\_\_\_

**DECLARATION OF INJURY AND/OR PRE –EXISTING CONDITION**

Section 7 (6) of the Accident Rehabilitation and Compensation Insurance Act provides that where a person misrepresents themselves in writing to the employer before commencing employment, in response to a specific request from the employer to provide information regarding personal injury, gradual process injury, disease, or infection, or if the applicant refuses to undergo a baseline hearing test, there will be no entitlement to cover under the Act for any injury so misrepresented.

Do you suffer from any injury or ailment which may affect your work performance or regular attendance at work, or affect the health and safety of yourself or others ?

**Yes / No**

If Yes, please provide details

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Have you ever suffered from any gradual process injury, disease or infection such as:

Hearing loss	<b>Yes / No</b>
Occupational overuse syndrome (OOS)	<b>Yes / No</b>
Repetitive Strain Injury (RSI)	<b>Yes / No</b>
Back problems	<b>Yes / No</b>

Have you suffered pain or other problems in your:

Fingers, wrist, fore-arm, elbow, upper arm, shoulders, neck etc	<b>Yes / No</b>
Are you presently receiving medical treatment or under medication ?	<b>Yes / No</b>

If Yes, to any of the above questions please give details:

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If you have any other pre-existing medical condition, please specify:

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Should your application be successful, do you agree to attend a Registered Health professional nominated by Anderson and Flowers Limited as and when required ?	<b>Yes / No</b>
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**EMPLOYMENT APPLICATION DECLARATION**

I have personally completed this application for employment and declare that the correct information provided in this application (and resume where provided), is correct.

I understand that should I be successful in my application, falsification or deliberately misleading information, or any material suppression of information will be grounds for instant dismissal.

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_