



WALLING CONTRACTING SOUTHLAND LIMITED

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APPLICATION FOR EMPLOYMENT FORM

CONFIDENTIAL

PLEASE PRINT CLEARLY

APPLICATION CLOSURE DATE:

To be completed personally by applicant

Note: the completion of this form does not indicate that there is any obligation on the company to engage the applicant.

Please answer the following questions in relation to your application for employment, which will assist us to assess your suitability for the position. The questions being asked are relevant to the nature and type of work undertaken in our workplace and comply with the rights and obligations under legislation, including the Immigration Act 2009, the Health and Safety in Employment Act 1992, and the Human Rights Act 1993. The information will be used by us to assess you for this purpose only.

SECTION 1: GENERAL DETAILS

Position applied for: Date:

PERSONAL DETAILS

Surname:
Forenames:
Date of birth:
Home address:
New Zealand contact phone no:
UK mobile and usual phone no:
E-mail address:
Next of Kin:
Contact Details of Next of Kin including phone number
Kiwi Saver member? Yes/No (New Zealand only)
Do you have a clean, full and current driver's license?
If yes, please provide details:
New Zealand Bank Account #

## SECTION TWO: QUALIFICATIONS AND EMPLOYMENT HISTORY

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List all formal qualifications you have achieved which are relevant to this position:

Qualification	Length of study (give dates)	Relevant papers/subjects

List any other relevant training that you have completed:

Course	Length of study (give dates)	Description

**MACHINERY EXPERIENCE**

Please provide experience relevant to the position you are applying for.

<b>Machinery type</b>	<b>Make</b>	<b>Model</b>	<b>Experience in years and brief description</b>
<b>Stacking Silage</b>			
<b>Mowers</b>	Single # hectares per season		
	Double # hectares per season		
	Triple # hectares per season		
<b>Balers</b>	Round # of bales per season		
<b>Balers</b>	Square # of bales per season		
<b>Heavy Truck</b>			
<b>Tractors</b>			
<b>Digger/excavator &amp; other track experience</b>			
<b>Raking/Swathing</b>	Type		
<b>Mechanical/engineering experience</b>			

**EMPLOYMENT HISTORY**

Please provide details of your current and previous employment.

Name and address of employer	From (date) to (date)	Position and main duties	Reason for leaving	May we contact this employer for a reference?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

(Please continue on a separate sheet of paper if necessary, and attach to this application form).

Have you ever been dismissed, or resigned as an alternative to being dismissed in previous employment? Yes    No

**If YES, please give details:**

.....

.....

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## SECTION THREE: LEGAL REQUIREMENTS

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Are you legally entitled to work in NZ? ..... **Yes** **No**

**If YES, are you legally entitled to work because:**

(a) You are a NZ Citizen? ..... **Yes** **No**

(b) You have a Work Visa? ..... **Yes** **No**

(c) Other (Please explain) .....

**If yes to (b), please attach a copy of your work visa with this application:**

Expiry Date of Work Visa: .....

## SECTION FOUR: DISABILITIES or MEDICAL CONDITIONS

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*Note: The Human Rights Act 1993 defines disability as: physical disability or impairment; physical illness; psychiatric illness; intellectual or psychological disability or impairment; the presence in the body of organisms capable of causing illness; any other loss or abnormality of a body or mind function; and reliance on a guide dog, wheelchair or other remedial means.*

4a Do you have any disability or medical condition that may affect your ability to fully and effectively carry out the tasks and responsibilities described in the job specification? **Yes** **No**

**If yes, please provide details (please include any services or facilities which would allow you to carry out this role satisfactorily?)**

.....  
.....

4b Do you have, or have you had, any injury or medical condition caused by a gradual process, disease or infection which may be aggravated by the function and responsibilities of the job for which you have applied, and as it is described in the attached job specification? **Yes** **No**

**If yes, please provide details:**

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.....

4c Do you have any present or past injury for which you may or may not have claimed ACC and/or other insurance cover, which may be aggravated by the job you have applied for? **Yes** **No**

**If yes, please provide details:**

.....  
.....

4c Have you suffered any injury to your neck, shoulders or back? Please detail and mark the following drawing (on the next page) accordingly. **Yes** **No**

**If yes, please provide details:**

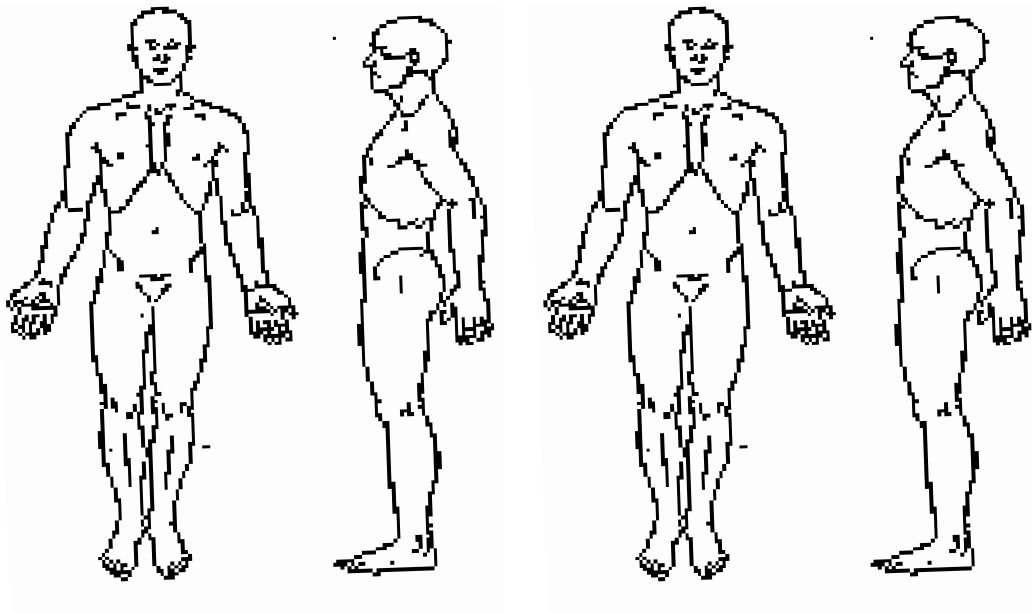
.....  
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4e The following is a diagram of the human body. Please use all four diagrams to indicate areas of injury or discomfort.

Shade in areas of pain

Show arrows if pain moves

Show bruising or marks



Please give an explanation below:

When did the injury occur?

.....  
.....  
.....

What was the cause?

.....  
.....  
.....  
.....  
.....  
.....

What treatment are you/have you been receiving:

.....  
.....  
.....

Signature	Full Name (Please Print)
Date (dd/mm/yyyy)	

## SECTION FIVE: CRIMINAL AND BANKRUPTCY HISTORY

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I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

5a Have you ever been convicted of any criminal offence, including matters relating to dishonesty, e.g., fraud, theft, misappropriation of funds, within the last seven years? **Yes** **No**

5b Are you awaiting a hearing on any charges? **Yes** **No**

**If you answered "Yes" to either 5a or 5b, please give details:**

.....  
.....

5c Have you ever been declared bankrupt? **Yes** **No**

**If you answered "Yes" to 5c, please give details:**

.....  
.....

## DECLARATION AND ACKNOWLEDGMENT

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This information is being collected to enable us to assess your suitability for this position and will be used for this purpose only. If you fail or refuse to provide the information requested, then your application may be rejected. If you provide false or inaccurate information, this will be considered serious misconduct and may result in dismissal should you be employed by us. Please also note that any false information given in Section Four, entitled *Disabilities or Medical Conditions*, may result in your loss of entitlement to earnings related compensation.

The Privacy Act 1993 provides you with the right to request access to and/or correct the personal information about you held by us.

I ..... (Print full name)

**declare that to the best of my knowledge the information that I have provided is accurate, and complete, and I have not withheld any information which may have a bearing or any relevance to my application.**

Signature: .....

Date: .....

## EVALUATION OF RECRUITMENT ADVERTISING:

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**Please tell us how you found out about this position.**

Advertised in (which publication): .....

Word of mouth arising from advertising (which publication): .....

Other (please provide details): .....

# WALLING CONTRACTING SOUTHLAND LIMITED EMPLOYMENT APPLICATION FORM

Position applying for: .....

CONTACT DETAILS		
Full name:		
Contact address:		
Phone numbers:	Home	Cell
Email address:		

PERSONAL DETAILS		
Date of birth:	Home country:	
Why would you like to work for Walling Contracting Southland Limited?		
Are you legally entitled to work in New Zealand?:	Yes <input type="radio"/>	No <input type="radio"/>
Do you have a clean, full and current drivers licence?	Yes <input type="radio"/>	No <input type="radio"/>
Please provide class/endorsements held on your license and a copy of your license,		
have you ever been convicted of a criminal offence?	Yes <input type="radio"/>	No <input type="radio"/>
If yes - please provide details,		

HEALTH DETAILS		
Do you have any medical conditions that may be aggravated or further contributed to by the tasks of this position?	Yes	No
If yes - please provide details,		
<input style="width: 100px; height: 20px; margin-right: 20px;" type="text"/> <input style="width: 100px; height: 20px;" type="text"/>		

Signature	Full Name (Please Print)
Date (dd/mm/yyyy)	