fruehauf NZ LIMITED

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *Postcode*

Phone: _____ Email _____

Date Available: IRD No.: _____

Work boot size: _____ Uniform overall/shirt size: _____

Position Applied for: _____

Are you a New Zealand/ Australian Citizen/Resident? YES ☐ NO ☐ If no, do you have a current work visa? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of any crime? YES ☐ NO ☐

If yes, explain:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you complete NCEA? YES ☐ NO ☐ Level:: _____

Higher Education: _____ Address: _____

Qualification Obtained

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list two references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: **$** _____ Ending Salary: **$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: **$** _____ Ending Salary: **$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: **$** _____ Ending Salary: **$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Please accept this as consent for Fruehauf NZ Ltd to complete a Pre-Employment Initial Base-line Health Assessment which will include testing of your Lung Function, Hearing, Vision along with Drug and Alcohol Testing.

Signature: _____ Date: _____

PREPLACEMENT HEALTH QUESTIONNAIRE

Name: **Address:**

Proposed Position:

The health assessment is required to ensure that the presence of any medical condition or disability does not result in an increased risk of illness or injury to yourself or others arising from the requirements of the job for which you have applied.
The assessment will be limited to conditions which may be relevant to your current capacity to perform the essential requirements of the job and will remain confidential to Fruehauf NZ Ltd and their designated medical practitioner/ Occupational Health Nurse.
Please complete the questionnaire below.

Depending upon the job for which you have applied, a limited clinical assessment and performance of tests may also be required.
All non-office based jobs answers questions 1 to 10.

All Work Shop Fitter/Welders etc. answer questions 1 to 11.

All positions involving those working at heights and confined spaces are to answer questions 1 to 10 and question 12.

All job applicants tick one selection only to state their COVID-19 Vaccination status:

Unvaccinated	Single Vaccination	Two-dose Vaccination	Boostered vaccination
Yes	Yes	Yes	Yes

Do you have, or have your ever suffered from, any of the following? (Tick appropriate box)

1.

Pain, discomfort or loss of function affecting the:

	Y	N
Neck	☐	☐
Shoulder	☐	☐
Arms or wrists	☐	☐

If you answered yes please give a short explanation.
_____
_____

2.

Pain, discomfort or loss of function affecting the:

	Y	N
Back	☐	☐
Knees	☐	☐
Ankles or feet	☐	☐

If you answered yes please give a short explanation.
_____
_____

3.

	Y	N
Deafness	☐	☐
Difficulty hearing	☐	☐
Ringing in ears	☐	☐

If you answered yes please give a short explanation.
_____
_____

4

	Y	N
Impairment of vision	☐	☐

If you answered yes please give a short explanation.
_____
_____

5.

	Y	N
Dermatitis/Eczema	☐	☐
Psoriasis	☐	☐
Other skin problems	☐	☐

If you answered yes please give a short explanation.
_____
_____

6.

	Y	N
Asthma	☐	☐
Bronchitis	☐	☐
Shortness of breath	☐	☐
Wheezing	☐	☐
Pneumothoraces	☐	☐
Other chest problems	☐	☐
Hay fever/allergies	☐	☐

If you answered yes please give a short explanation.
_____

7			8.			9.		
	Y	N						
Heart Attack	☐	☐		Y	N		Y	N
Angina	☐	☐	Epilepsy/Fits	☐	☐	Diabetes	☐	☐
Heart murmur	☐	☐	Co-ordination problems	☐	☐	Hernia	☐	☐
Palpitations	☐	☐						
Blackouts/fainting	☐	☐						
Vertigo/loss of balance	☐	☐						
Excessive daytime sleepiness	☐	☐						
Chest pain	☐	☐						
High blood pressure	☐	☐						
If you answered yes please give a short explanation. _____ _____			If you answered yes please give a short explanation. _____ _____			If you answered yes please give a short explanation. _____ _____		

10.			11 (only to be completed by Work shop staff, Fitter/Welders etc.			12.(only to be completed by those working at heights, confined spaces)		
	Y	N		Y	N		Y	N
	☐	☐	Thyroid problems	☐	☐	Fear of confined spaces	☐	☐
Any conditions which would prevent you from wearing Safety footwear or other personal protective equipment			Misuse of illegal drugs or alcohol	☐	☐	Fear of heights	☐	☐
			Kidney problems	☐	☐			
			Hepatitis	☐	☐			
			Jaundice	☐	☐			
If you answered yes please give a short explanation. _____ _____			Other liver problems	☐	☐			
			Colour Deficiency	☐	☐			
			If you answered yes please give a short explanation. _____ _____			If you answered yes please give a short explanation. _____ _____		

Positive answers for the above may require clinical assessment at time of pre placement

DECLARATION:

I declare that the above particulars are true to the best of my knowledge.

Signature: Date:

Full Name: