# Employment Application

## Applicant Information

| Date of Application: | | | |
|---|---|---|---|
| Surname: | | First Name/Names: | |
| Home Address: | | Email: | |
| Phone: | | Date Available to commence work: | |
| Position Applied For: | | | |
| Expected Annual Salary / Hourly Wage: $ Per annum / Hour. | | | |

| | |
|---|---|
| Are you a New Zealand or Australian Citizen / Resident? Yes / No | If no, do you have a current Work Visa? Yes / No<br><br>Visa Type and Expiry Date: |
| | Country of Passport Origin- |
| | Passport number- |
| Have you worked for Fruehauf before? Yes / No | Do you know anyone currently employed at Fruehauf NZ? Yes / No<br><br>If yes, please provide their name: |
| Work Boot Size: | Overall / Shirt Size: |

## Education

| High School / University | Year/s of Attendance | Qualification Gained |
|---|---|---|
| | | |
| | | |
| | | |

## General

| *I understand that Fruehauf NZ Ltd will conduct a criminal record check as part of my employment application and any offer of employment will be subject to the receipt of a satisfactory check being received by us. 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. I understand that I must disclose all criminal convictions unless covered by the Criminal Records (Clean Slate) Act 2004* | |
|---|---|
| Do you have any present criminal convictions, including for offences relating to traffic offences and/or dishonesty (e.g. fraud, theft, misappropriation of funds), within the last 7 years? If yes, please provide details. | Yes / No |
| Are you awaiting a hearing for charges or have any charges pending in a civil or criminal court of law? If yes, please provide details | Yes / No |
| Do you have a current driver's licence? If yes, please state whether it is a full, restricted or learner licence. | Yes / No<br><br>Full / Restricted / Learner |
| Do you have your own vehicle? | Yes / No |

## Previous Employment / References

| Company | | Manager Name | |
|---|---|---|---|
| Location | | Period Employed (from/to) | |
| Role Title | | Responsibilities (brief outline) | |
| Reason for leaving: | | Can this employer be contacted for a reference? | Yes / No (circle one) |

| Company | | Manager Name | |
|---|---|---|---|
| Location | | Period Employed (from/to) | |
| Role Title | | Responsibilities (brief outline) | |
| Reason for leaving: | | Can this employer be contacted for a reference? | Yes / No (circle one) |

| Company | | Manager Name | |
|---|---|---|---|
| Location | | Period Employed (from/to) | |
| Role Title | | Responsibilities (brief outline) | |
| Reason for leaving: | | Can this employer be contacted for a reference? | Yes / No (circle one) |

## Disclaimer and Signature

*This information is being collected to enable Fruehauf NZ Ltd to assess your suitability for employment in 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 by us. If you provide false or inaccurate information, this will be considered serious misconduct and may result in summary dismissal should you be employed by Fruehauf NZ Ltd.*

*The Privacy Act 2020 provides you with the right to request access to and/or correct the personal information about you held by Fruehauf NZ Ltd. You can find information regarding your rights under the Privacy Act 2020 in respect of your information at www.privacy.org.nz (website of the NZ Privacy Commissioner).*

*Please sign below to indicate that:*

*You consent to Fruehauf NZ Ltd retaining the information contained in this application form for the purposes of considering your suitability for this position and/or any other position which may arise with Fruehauf NZ Ltd in the future.*

*You understand that Fruehauf may take steps to verify the information you have provided in this application, for example conducting employment reference checks, a Ministry of Justice Criminal History Check, ACC Check and Immigration status check. You agree to authorise these checks where necessary.*

*Your answers are true and complete to the best of your knowledge. If this application leads to employment, you understand that false or misleading information in your application or interview may result in formal disciplinary action and may impact your ongoing employment with Fruehauf NZ Ltd.*

*You understand that, should an offer of employment be made, you consent for Fruehauf NZ Ltd to complete a Pre-Employment Initial Base-line HealthAssessment which will include testing of your Lung Function, Hearing, Vision along with Drug and Alcohol Testing.*

*Signed:* ___________________________ *Name:* __________________________

*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 Workshop 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 | Boosted vaccination |
|---|---|---|---|
| Yes | Yes | Yes | Yes |

Do you have, or have you 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 shortexplanation.

**2.**

Pain, discomfort or loss of function affecting the:

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

If you answered yes, please give ashort explanation.

**3.**

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

If you answered yes, please give ashort explanation.

**4**

| | Y | N |
|---|---|---|
| Impairment of vision | ☐ | ☐ |

If you answered yes, please give a shortexplanation.

**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 | ☐ | ☐ |
| Pneumothoraxes | ☐ | ☐ |
| Other chest problems | ☐ | ☐ |
| Hay fever/allergies | ☐ | ☐ |

If you answered yes, please give a short explanation.

| 7 | 8. | 9. |
|---|---|---|
| Y N<br>Heart Attack ☐ ☐<br>Angina ☐ ☐<br>Heart murmur ☐ ☐<br>Palpitations ☐ ☐<br>Blackouts/fainting ☐ ☐<br>Vertigo/loss of balance ☐ ☐<br>Excessive daytime sleepiness ☐ ☐<br>Chest pain ☐ ☐<br>High blood pressure ☐ ☐<br><br>If you answered yes, please give a shortexplanation.<br>______________________________<br>________________________ | Y N<br>Epilepsy/Fits ☐ ☐<br>Co-ordination problems ☐ ☐<br><br>If you answered yes, please give ashort explanation.<br>______________________________<br>________________________ | Y N<br>Diabetes ☐ ☐<br>Hernia ☐ ☐<br><br>If you answered yes, please give ashort explanation.<br>______________________________<br>________________________ |
| **10.** | **11 (only to be completed by Workshopstaff, Fitter/Welders etc.** | **12.(only to be completed by those working at heights, confined spaces)** |
| Y N<br>☐ ☐<br>Any conditions which would prevent you from wearing Safety footwear or other personal protective equipment.<br><br>If you answered yes, please give a shortexplanation.<br>______________________________<br>________________________ | Y N<br>Thyroid problems ☐ ☐<br>Misuse of illegal drugs or alcohol ☐ ☐<br>Kidney problems ☐ ☐<br>Hepatitis ☐ ☐<br>Jaundice ☐ ☐<br>Other liver problems ☐ ☐<br>Colour Deficiency ☐ ☐<br><br>If you answered yes, please give ashort explanation.<br>______________________________<br>________________________ | Y N<br>Fear of confined spaces ☐ ☐<br>Fear of heights ☐ ☐<br><br>If you answered yes, please give ashort explanation.<br>______________________________<br>________________________ |

***Positive answers for the above may require clinical assessment at time of preplacement.***

**DECLARATION:**

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

Signature: Date:

Full Name: