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		Have you ever worked for Fruehauf? Yes /No	
If you are in NZ on any type of visa, please provide passport and country of origin below:		Has a current employee at Fruehauf NZ referred you for this position? Yes / No If yes, please provide their name:	
Passport Number-	Country of Origin-		
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 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 ? 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 Full / Restricted / Learner Do you hold a current F Endorsement? Yes / No
Do you have your own vehicle?	Yes / No

Previous Employment / References			
Company		Manager or Supervisors Name	
Address		Contact Number	
Location		Period Employed / (from/to)	
Role Title		Responsibilities (brief outline)	
Reason for leaving		Can this Employer /Person be contacted for a reference?	Yes / No (circle one)

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Address		Contact Number	
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Role Title		Responsibilities (brief outline)	
Reason for leaving		Can this Employer/Person 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.

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.

*Name (Print):*_____

Signed: _____ *Date:* _____

Please have interviewer copy front and back of your driver's licence and/or Passport and add to application.

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 applicants 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.

Do you have, or have you ever suffered from, any of the following? (Tick appropriate box) If you need more room for explanation, please use the back of the form and reference the number.

1.	2.	3.
Pain, discomfort, or loss of functionaffecting the: **Y N** **Neck** ☐ ☐ **Shoulder** ☐ ☐ **Arms or wrists** ☐ ☐ **If you answered yes, please give a brief explanation.**	**Pain, discomfort, or loss of functionaffecting the:** **Y N** **Back** ☐ ☐ **Knees** ☐ ☐ **Ankles or feet** ☐ ☐ **If you answered yes, please give a brief explanation.**	**Y N** **Deafness** ☐ ☐ **Difficulty hearing** ☐ ☐ **Ringing in ears** ☐ ☐ **If you answered yes, please give a brief explanation.**
4	**5.**	**6.**
Y N **Impairment of vision** ☐ ☐ **If you answered yes, please give a brief explanation.**	**Y N** **Dermatitis/Eczema** ☐ ☐ **Psoriasis** ☐ ☐ **Other skin problems** ☐ **If you answered yes, please give abrief explanation.**	**Y N** **Asthma** ☐ ☐ **Bronchitis** ☐ ☐ **Shortness of breath** ☐ ☐ **Wheezing** ☐ ☐ **Pneumothoraxes** ☐ ☐ **Other chest problems** ☐ ☐ **Hay fever/allergies** ☐ ☐ **If you answered yes, please give abrief 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 brief explanation.**			**If you answered yes, please give a brief explanation.**		
If you answered yes, please give a brief explanation.			_____					
_____								

10.			11 (only to be completed by Workshop 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 Safetyfootwear or other personal protective equipment			**Misuse of illegal drugs or alcohol**	☐	☐	**Fear of heights**	☐	☐
			Kidney problems	☐	☐			
If you answered yes, please give a brief explanation.			**Hepatitis**	☐	☐	**If you answered yes, please give a brief explanation.**		
			Jaundice	☐	☐			
			Other liver problems	☐	☐			
			Colour Deficiency	☐	☐			
			If you answered yes, please give a brief explanation.					

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