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## APPLICATION FOR EMPLOYMENT

**Date**

**Position Applying For**

**First Name**

**Surname**

**Address**

**Town/City**

**Telephone Home**

**Mobile**

**Drivers Licence No:**

**Classes/Endorsements**

Please attach a photocopy of both sides of your Driver's Licence

## EMPLOYMENT HISTORY

**Current Employer**

**Position held**

**Date Started**

**Reason for Leaving**

**Previous Employers**

Complete sections below **OR** attach a copy of your current CV

**1. Organisation**

**Position Held**

**Started**

**Finished**

**Contact Person**

**Phone No.**

**Reason For Leaving**

**2. Organisation**

**Position Held**

**Started**

**Finished**

**Contact Person**

**Phone No.**

**Reason For Leaving**

**Referees** - Please provide names of referees you give Uhlenbergs permission to contact – a minimum of two must be work related.

**Name -**

**Position**

**Organisation**

**Contact No.**

**SKILLS/EXPERIENCE** (please tick)

Truck and Trailer	<input type="checkbox"/>	Tipper	<input type="checkbox"/>
Articulated	<input type="checkbox"/>	Tanker	<input type="checkbox"/>
Flatdeck	<input type="checkbox"/>	Hazardous Goods	<input type="checkbox"/>
Refrigerated	<input type="checkbox"/>	Forklift	<input type="checkbox"/>
Loader	<input type="checkbox"/>		

**Additional Experience** \_\_\_\_\_

**Driving Details:**

**1.** Do you have any criminal convictions, infringement notices or charges pending?  **Yes**  **No**  
 If yes please explain: \_\_\_\_\_

**2.** Have you had any previous Motor Vehicle Accidents?  **Yes**  **No**  
 If yes, please explain: \_\_\_\_\_

**Driver Check:**

Driver Check is a secure internet site set up by the Land Transport Safety Authority (LTSA). It allows Uhlenbergs to check that only licensed drivers are driving company vehicles.

Further information on Driver Check can be obtained by telephoning (06) 953 7027 or visiting the website [www.drivercheck.nzta.govt.nz](http://www.drivercheck.nzta.govt.nz) (TORO)

By signing the declaration below you are consenting to allow Uhlenbergs to check your Driver Licence status.

**Health:**

**1.** Do you have any health issues (physical or otherwise) that may affect your ability to carry out the tasks of the job?  **Yes**  **No**

**2.** Do you take any medications for health problems?  **Yes**  **No**

If yes, please list: \_\_\_\_\_

If your application is successful do you agree to undergo pre-employment drug and alcohol and/or urine testing?  **Yes**  **No**

If you are offered this position do you agree to undertake a base-line medical examination and an in-depth health questionnaire to assess your health and fitness in relation to the tasks you may be undertaking during the course of your employment.  **Yes**  **No**

If your application is accepted, when would you be able to commence employment?

## DECLARATION

I \_\_\_\_\_ (Full name) declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted for employment or if I am employed I may be dismissed. I consent to Uhlenbergs contacting my referees and completing a driver check on my licence.

**Signature** \_\_\_\_\_ **Date**     /     /