



APPLICATION FOR EMPLOYMENT

Date _____ **Position Applying For** _____

First Name/s _____ **Surname** _____

Date of Birth _____

Address _____

Town/City _____

Telephone **Home** (0) _____ **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.

The Police can impound any vehicle being driven by someone who has been disqualified or suspended from driving or who has been prohibited from driving. Organisations need to be able to check the validity of their employees' driver licences before allowing them to drive a company vehicle.

Driver Check allows authorised companies to check a drivers licence class and status details quickly and easily. Further information on Driver Check can be obtained by visiting the website www.drivercheck.nzta.govt.nz (TORO)

Please sign the consent below to allow Uhlenbergs to check your Driver Licence status.

Health:

1. Do you have any condition (physical, mental or health wise) that may affect your ability to effectively carry out the tasks and responsibilities of the position applied for? (Refer to job description) **Yes** **No**

If yes please specify: _____

2. Have you ever been diagnosed with/and treated for occupational overuse syndrome or any other similar condition? **Yes** **No**

If yes, give brief details. _____

3. In your past employment have you been exposed to any of the following: Noise, Solvents, Asbestos, Skin Irritants, Heavy Metals, Infectious Metals, Respiratory Irritants, COVID 19? **Yes** **No**

If yes, give brief details. _____

4. Do you have a predisposition to any other condition that you are aware of, including but not limited to asthma, sleep disorders, heart or respiratory problems, high blood pressure? Yes No

If yes, give brief details. _____

5. Do you take any drugs or medication for any medical/physical health problems? Yes No

If yes, please list: _____

GENERAL

Do you intend to engage in other paid or voluntary work whilst employed in this position? Yes No

Do you have or are you aware of any likely commitments which may prevent you from attending your place of employment during normal work hours or affect your availability for overtime or work-related travel (e.g. sports, hobbies, special interests, education, training and so on.) Yes No

If yes give brief details? _____

Do you have a spouse, partner, relative or household member working for Uhlenbergs or elsewhere in the industry? Yes No

Do you have a legal right to work in New Zealand, either entitlement to permanent residency or a valid work permit? Yes No
(Evidence will be required if you are interviewed for the position).

If, in the future, the NZ Government mandates changes that may affect your ability to perform your duties do you agree to abide by these changes? If no, please provide details? Yes No

Details: _____

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

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

NB: The test results must meet the company's requirements (separate information sheet available) that you are not likely to be influenced by drugs or alcohol while at work and do not suffer any medical conditions which would be adversely affected by the work or workplace before any offer of employment is confirmed.

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

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.

Signature _____ Date / /