



# APPLICATION FOR EMPLOYMENT

**BREADCRAFT (WAI) LIMITED**

**CONFIDENTIAL – To be completed personally by the applicant**

- Follow the instructions carefully.
- Completion of this form does not indicate that there is any obligation upon the company to engage the applicant.
- This information is collected for the purpose of assessing your suitability for employment which may include subsequent changes in employment within the company.

**Position applying for:**

## General Information

MR/MISS/MRS/MS (circle one)	Surname:
Given Names: (underline name used)	
Are you known by any other name(s)?	
Contact Address:	
Home Phone No:	Cell Phone No:
Email address:	

## Education, Qualifications, Skills

Secondary School(s)	From:	To:

Qualifications – School or Tertiary	Subjects:

Qualifications – Other (eg First Aid Certificate)	Subjects:

## Employment History

Present Employer:	
Address:	Position Held:
	From: / /                      To: / /
Main Duties:	Reason for leaving:

Next most recent Employer:	
Address:	Position Held:
	From: / /                      To: / /
Main Duties:	Reason for leaving:

Next most recent Employer:	
Address:	Position Held:
	From: / /                      To: / /
Main Duties:	Reason for leaving:

Next most recent Employer:	
Address:	Position Held:
	From: / /                      To: / /
Main Duties:	Reason for leaving:

Give details of any other job which may be relevant:

Have you worked for this company before?  Yes  No  
If Yes, where and when?

Do you have secondary employment?  Yes  No  
If Yes, please detail:

### Referees

- Please give name, address and phone numbers of AT LEAST THREE referees.
- Please ensure at least one of your referees is your current or most recent employer

Do you agree for Breadcraft to seek verbal or written information about you from the referees stated below and authorize the information to be released to those involved in the selection process? Please note that referee reports will normally be confidential to Breadcraft and will not be made available to you.

Yes  No

Name of Referee and your relationship to them:	Position:
	Contact no:

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If your application is accepted, when could you commence employment?

## General Questions

### Residential Status

Are you are New Zealand citizen?

Yes

No

If No, do you have a current New Zealand work permit?

Yes

No

*Please attach a photocopy of your current work permit.*

### Legal Age to Work

Are you 16 years or age or over and therefore able to work in accordance with New Zealand employment legislation?

*Where appropriate, please attach a copy of relevant proof of age, eg, birth certificate, drivers licence etc.*

### Shift work

Are you prepared to work shifts if required?

Yes

No

Have you worked shifts before?

Yes

No

Are you prepared to work overtime if required?

Yes

No

### Drivers License

Do you have a current drivers licence?

Yes

No

If you answered 'yes' to the above question, what classes are you licensed for?

\_\_\_\_\_

Drivers license number (s):

\_\_\_\_\_

Do you have any demerit points against your driver's license?

Yes

No

If 'yes', please state how many and when these will be removed:

\_\_\_\_\_

### Criminal Offences

**Note: You are not required to provide any information that is eligible to be concealed under the Criminal Records (Clean Slate) Act 2004 in response to the questions in this section.**

Have you ever been convicted of a criminal offence?

Yes

No

If yes, give brief details:

\_\_\_\_\_

\_\_\_\_\_

Are you awaiting hearing of any charges for driving or any other offences?

Yes

No

If yes, give brief details:

\_\_\_\_\_

\_\_\_\_\_

Are you aware of any other charges that Police may be considering laying against you?

If yes, give brief details:

\_\_\_\_\_  Yes  No  
\_\_\_\_\_

**Relatives at Breadcraft**

Do you have any relatives currently employed by this company?  Yes  No

What is their name and what is your relationship to them?

\_\_\_\_\_

**General:**

Are you a member of a territorial force unit, volunteer fire brigade, search and rescue organisation or similar?

Yes  No

If yes, please give details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies, sports or community interests?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Questionnaire**

1. Do you agree to undergo a medical examination if required?  Yes  No

2. Do you have any health concerns at this time?  Yes  No

If Yes, please detail

\_\_\_\_\_  
\_\_\_\_\_

3. Are you allergic to, or have any sensitivity to any substances or chemicals?  Yes  No

4. Do you require corrective lenses or contact lenses?  Yes  No

5. Do you have a hearing disability?  Yes  No

6. Have you suffered from a back injury requiring time off work?  Yes  No

If Yes, please detail

\_\_\_\_\_  
\_\_\_\_\_

7. Have you claimed Accident Compensation in the last two years?  Yes  No

If Yes, please detail

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8. State any gradual process injury illness, or disability or medical condition you have, or have ever had, that may affect your ability to effectively carry out the functions and responsibilities of the position applied for in the short, medium or long term.

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9. Do you have any other known condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

Yes  No

If Yes, please detail

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### Declaration

I, \_\_\_\_\_ (*full name*), declare that to the best of my knowledge, the answers to all the questions in this application are correct. I understand that if any false information is given, or any material fact suppresses, I may not be accepted, or if I am employed, I may be dismissed. I also understand that any false information given in the medical section of this form may result in my loss of entitlements for any compensation from ACC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications should be marked 'confidential' and addressed to:**

**The Human Resources Manager  
Breadcraft (Wai) Limited  
85 Judds Road or  
PO Box 352  
Masterton**

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