

D) Training and Licences

Courses:
Circle the appropriate FULL Licences: 1 2 3 4 5
Circle the appropriate Endorsements: R T W F D P
Other abilities or capabilities (INCLUDE LEARNERS LICENCES HERE)
Do you hold any of the following: (please circle those held)
ConstructSafe Traffic Controller (TC) STMS
1st Aid Certificate Pilot Licence BESS

E) Employment History

Last or present employer: _____

Address: _____

Phone Number: _____

Position Held: _____ From: / / to / /

Manager/Supervisor's name: _____

Key duties and responsibilities:

Reason for leaving:

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F) Health Questionnaire

(please circle one)

1. Do you suffer from any illness or disability? **Yes / No**
If yes, please explain

2. Do you take any medication? **Yes / No**
If yes, please explain

3. Do you suffer from any allergies (including insect stings and bites)? **Yes / No**
If yes, please explain

4. Are you being treated by any doctor for any illness/injury that could possibly affect your ability to carry out the work for the position applied for? **Yes / No**
If yes, please explain

5. Have you had any accidents or injuries or had trouble with your:

- Back or neck **Yes / No**
- Shoulders, arms or hands **Yes / No**
- Hips or leg joints **Yes / No**


If yes, please explain

6. Have you received any health monitoring during the last 5 years? **Yes / No**
If yes, please explain

7. Have you had any of the following:

- Loss of hearing **Yes / No**
- Deterioration in sight **Yes / No**
- Occupational Overuse Syndrome (RSI) **Yes / No**

If yes, please explain

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8. Have you suffered any industrial diseases (chemical exposure, Asbestos etc)? **Yes / No**
If yes, please explain

9. Have you made any ACC claim for injury or industrial disease? **Yes / No**
If yes, please explain

10. Do you consent to have a pre-employment Medical Examination and Health Assessment including drug testing? **Yes/No**


11. Do you consent to have regular health monitoring? **Yes/No**

12. Do you consent to drug and/or alcohol testing following any incident and/or when management considers, with justifiable reasons that you may be under the influence of drugs and/or alcohol? **Yes/No**

13. Are there any reasons why you are unable to wear the safety equipment/protective clothing required for the job you have applied for? **Yes / No**
If yes, please explain

Note

All health related information is strictly confidential to Company management. You have the right to request access to and correction of personal information in accordance with the Privacy Act 1993.

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Declaration

I declare that:

- (i) I certify that the above particulars are correct. I acknowledge that this information is essential for the company to make an assessment of my ability to undertake this job. I accept that if there has been any misrepresentation in the information provided, my employment could be terminated or a job offer could be withdrawn.
- (ii) I give the company my consent under the Privacy Act 1993, to check with my former employer(s) any information relevant to my application.
- (iii) I have not deliberately failed to disclose any matter which may materially influence any decision to employ me, which included but is not limited to any termination of my employment at the initiative of any previous employer, and the reasons for any such termination.

Applicant's signature _____ **Date** _____

Please return the completed form together with a copy of your current CV (if applicable) and any further supporting evidence to:

MBD Contracting, PO Box 114, Greymouth or drop it into the office at 50 Arney Street.