

## Application for Employment at Queenstown Plumbing & Gas

### JOB TITLE APPLIED FOR

Plumber  Gasfitter  Drainlayer  Plumber/Gasfitter   
Plumber/Drainlayer  Plumber/Gasfitter/Drainlayer

### PERSONAL DETAILS

First names:	Surname:
Prefer to be known as:	
Home address:	
Home phone number:	Cell phone number:
Email address:	
Date of birth:	Are you a Kiwisaver member? YES <input type="checkbox"/> NO <input type="checkbox"/>
IRD number:	

### EMERGENCY CONTACT DETAILS

First names:	Surname:
Relationship:	

Home address:

Home phone number:

Cell phone number:

## ELIGIBILITY FOR EMPLOYMENT

Are you a permanent New Zealand resident?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you hold of a current New Zealand work permit?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Can you hold an everyday conversation in English?	YES <input type="checkbox"/> NO <input type="checkbox"/>

## QUALIFICATIONS, EXPERIENCE & EQUIPMENT

What current driver's licence do you hold?

**A copy of your drivers' licence should be included with your application.**

Driver's licence number:		Driver's licence version number:	
1. Car <input type="checkbox"/>	2. Heavy Traffic up to 15000kg <input type="checkbox"/>	3. Trailer for (2) <input type="checkbox"/>	
4. Heavy Traffic over 15000kg <input type="checkbox"/>	5. Trailer for (4) <input type="checkbox"/>	6. Motorcycle <input type="checkbox"/>	
D Dangerous goods <input type="checkbox"/>	F Forklift <input type="checkbox"/>	R Roller <input type="checkbox"/>	

<b>T Trucks</b> <input type="checkbox"/>	<b>W Wheels</b> <input type="checkbox"/>	<b>P Passenger</b> <input type="checkbox"/>
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Do you have any other driving qualifications? YES  NO

If yes to the above, please give details:

Do you have any demerit points? YES  NO

If yes to the above, please give details:

Do you have your own transport? YES  NO

Do you have your own steel capped work boots? YES  NO

What are your interests (hobbies, sports, voluntary work)?:

Please list any school, tertiary or trade qualifications:

**If you have a trade certificate, please include a copy with your application.**

Do you have a current Site Safe passport? YES  NO

Do you have a current First Aid certificate? YES  NO

Do you have experience using applications on a smartphone? YES  NO

Do you have experience using applications on a tablet? YES  NO

What other relevant qualifications or experience do you have:

## EMPLOYMENT HISTORY

Please begin with your most recent employer

Employer business name:	Employer address:
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Job description/duties:	
Employment started:	Employment finished:
Reason for leaving:	
<b>Reference contact details</b>	
Name:	Title/Position:
Phone number:	Email address:

Employer business name:	Employer address:
Job description/duties:	
Employment started:	Employment finished:
Reason for leaving:	
<b>Reference contact details</b>	
Name:	Title/Position:
Phone number:	Email address:

Employer business name:	Employer address:
Job description/duties:	
Employment started:	Employment finished:
Reason for leaving:	
<b>Reference contact details</b>	
Name:	Title/Position:
Phone number:	Email address:

## MEDICAL

Have you ever had an injury resulting in time off work? YES  NO

If yes, please give details:

Do you have any health related issues (including stress) that may impact on your ability to perform any tasks that you may be asked to perform? These may include but are not limited to lifting, digging, working at heights, working in enclosed spaces, working with chemicals and solvents, operating machinery and power tools, completing paperwork, using an app on a smart phone or tablet, and driving. Some of these issues may include:

<b>Dermatitis</b> <input type="checkbox"/>	<b>Foot or hand trouble</b> <input type="checkbox"/>	<b>Back strain</b> <input type="checkbox"/>
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<b>Back injury</b> <input type="checkbox"/>	<b>Varicose Veins</b> <input type="checkbox"/>	<b>Migraines</b> <input type="checkbox"/>
<b>Sight problems</b> <input type="checkbox"/>	<b>Allergies</b> <input type="checkbox"/>	<b>Hernia</b> <input type="checkbox"/>
<b>Diabetes</b> <input type="checkbox"/>	<b>Hearing problems</b> <input type="checkbox"/>	<b>Asthma</b> <input type="checkbox"/>

Other medical conditions:

Do you drink alcohol? YES  NO

If yes, how many drinks per week?

Do you smoke cigarettes? YES  NO

If yes, how many cigarettes do you smoke per day?

## GENERAL

Do you have any secondary employment? YES  NO

If yes, please give details:

Have you ever been convicted of a criminal offence? YES  NO

If yes, please give details of ALL convictions:

Are you awaiting the hearing of any criminal charges or civil legal proceedings? YES  NO

Have you ever brought a personal grievance against a previous employer? YES  NO

What kind of work are you interested in?

Temporary employment

Casual employment

Contractor

Permanent employment

On call work

When are you available to start work?

Expected hourly rate:

What kind of work do you prefer?

What kind of work do you not prefer?

Please add any additional details, information, comments or questions here:

## DECLARATION

I, \_\_\_\_\_, declare that all the information I have given in this application is correct and I understand that if any false or misleading information has been given or any information left out, my employment may be terminated immediately. I also understand that any false information given in relation to my medical history with regards gradual process, disease or infection can result in my loss of entitlement for any compensation for ACC from my current employer. I consent to Queenstown Plumbing Ltd seeking verbal or written information on a confidential basis about me from representatives of my previous, current, and future employers and/or referees and authorise the information sought to be released by them to Queenstown Plumbing Ltd for the purpose of ascertaining my suitability for the position for which I am applying. I understand that the information received by Queenstown Plumbing Ltd is supplied in confidence as evaluative material and will not be disclosed to me.

**Applicant name:**

**Applicant signature:**

**Date:**