

# McCarthy

**TRANSPORT  
CONTRACTORS LTD**



## **Job Application Form**

**CONFIDENTIAL**

**PLEASE USE YOUR OWN HANDWRITING TO COMPLETE THIS FORM**

**APPLICATION FOR EMPLOYMENT IN THE POSITION OF \_\_\_\_\_  
FOR McCarthy Transport Ltd**

You should provide complete information for each question, unless otherwise advised, regardless of whether you consider it relevant to the position for which you have applied. Failure to complete this form in the manner required may result in your application being declined.

**Collecting and holding personal information**

The information you provide on this application for employment form will be collected and held by MTL at Head Office in Wanganui.

**Purpose**

This information is collected for the purpose of assessing your suitability for employment with McCarthy Transport (this may include subsequent changes in employment within the organisation).

If your application is successful this form will be retained on your personal file. If unsuccessful it, along with your other application papers, will be destroyed after 3 months.

**Your access to this information**

You have a right of access to personal information and to seek any correction you think necessary to ensure accuracy. You are however advised that any request for evaluative/opinion based material held on you will be declined.

**Position**

Initially in the position of \_\_\_\_\_

**PERSONAL INFORMATION  
(Please print)**

First name(s): \_\_\_\_\_

Family name: \_\_\_\_\_

If you are known by any other names please record here: \_\_\_\_\_

\_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Contact telephone No(s): \_\_\_\_\_

**EDUCATION and QUALIFICATION  
(Including University, Further Education etc.)**

Name of Education organisation (e.g. School / College / Training Establishment) of highest qualification achieved: \_\_\_\_\_

Number of years attended: \_\_\_\_\_

Qualifications/Standard of Achievement:

List other qualifications or formal attainments you consider relevant including the issuing authority e.g. Polytechnic, University or Private Training Establishment with the qualifications/standards of achievement and years of attendance:

Please indicate whether or not you have a current First Aid Certificate Yes:  No:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please provide details of all previous employment

*and/or*

Have you previously been employed by this company or in this industry? Yes :  No:

**If Yes, please record the details below:  
(Start with the most recent position)**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Continue on separate page and attach to this application form**

**REFEREES**

**Please state the details of referees you authorise us to contact to discuss your suitability for employment, preferably work related referees including your current employer.**

Name: \_\_\_\_\_

Contact Details – Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Details – Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

<p><b>GENERAL</b></p> <p>Have you at any time taken action against a current or former employer in order to resolve an employment dispute, including personal grievance action or other employment relationship problem.</p> <p>Do you intend to engage in other paid or voluntary work whilst employed in this position?</p> <p>Do you have a current drivers licence? If yes, what classes? _____</p> <p>Licence No: _____ Expiry Date: _____</p> <p style="text-align: center;"><b>Please attach a copy of Drivers Licence</b></p> <p>Are you awaiting hearing of any charges for driving offences?</p> <p>How many current driving demerit points are recorded against you.</p> <p>Do you agree to provide permission for us to check your driving information through the NZ Transport Agency driver check programme.</p> <p>Have you ever been charged with or convicted of a criminal offence?</p> <p><i>Note: You are not required to disclose any charges or convictions eligible to be suppressed under the Criminal Records (Clean Slate) Act 2004.</i></p> <p>If yes, further information relevant to potential employment may be sought at any subsequent interview.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>_____ points</p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>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 (eg sports, hobbies, special interests, education, training, etc)?</p> <p>If yes, give brief details: _____</p> <p>Are you a member of a territorial force unit or volunteer fire brigade or other volunteer organisation?</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>Do you have a spouse, partner, relative or household member working in this company or elsewhere in the industry?</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>If your application is accepted, when could you commence employment? _____</p>	
<p>Do you have the legal right to work in New Zealand, either entitlement to permanent residence or a valid work permit? (Evidence will be required if you are interviewed for the position.)</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p><b>HEALTH (Please complete all questions)</b></p> <p>Have you ever had an injury or medical condition or gradual process injury, disease or infection that may be caused by, aggravated or further contributed to by the tasks relating to the position being applied for? (Task Breakdown within the Job Description)</p> <p>Do you have any condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? If yes please specify:</p> <p>_____</p> <p>Tasks/responsibilities of position: Refer to the Job Description.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>

Are you allergic to, or have sensitivity to, any substances or chemicals or insects stings?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you ever suffered any back or shoulder injury or back shoulder strain?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are you taking any drugs or medication?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If Yes please specify: _____	
If your application is successful do you agree to undergo pre employment alcohol and drugs blood and/or urine testing?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Note: 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.	
The position applied for requires that personal protective equipment be used/worn while carrying out tasks associated with this position. Are you aware of any reason why you may not be able to use/wear the equipment? (Hard hat, steel cap boots, high visibility clothing)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
In accordance with company policy and/or at the direction of the company or authorised person do you agree to use/wear protective equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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: <input type="checkbox"/> No: <input type="checkbox"/>
Do you agree to the medical examination and to the company being provided with and holding this information?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
How many days absence in your last 12 months of employment were stated by you or a medical practitioner to be due to sickness, injury and/or accident? 0-2    3-5    6-10    11-15    16-20    Over 20 days ( <i>circle whichever applies</i> )	

### ADDITIONAL INFORMATION

Do you have any additional information you consider relevant to the organisation's decision-making concerning hiring you for this position. For example, achievements, interests, aspirations, one-off commitments (e.g. for which you will require leave) or other background information pertinent to this position etc. If so, please list below or attach such information to this application form.

---



---



---

### SECTION 7 - 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: \_\_\_\_\_



# Pre-employment check - request for ACC claims injury history



**Please Read:** Please complete this form and then email it to [preemploymentchecks@acc.co.nz](mailto:preemploymentchecks@acc.co.nz). Please provide a valid proof of identification: These include but are not limited to; Driver's Licence, Passport, 18+ Card, Birth Certificate, or Statutory Declaration signed by the Police or JP.

**IMPORTANT - Employers and recruitment agencies:** This form is valid for 1 month from the date signed by the applicant & unless the job applicant gives specific permission, the claims history provided will not include information about any:

- mental injury as a consequence of physical injury claims
- declined claims including accredited employer claims
- treatment injury claims
- claims occurring more than 10 years ago
- sensitive claims
- wilfully self-inflicted claims
- accidental death claim dependants

## PART A: IDENTIFYING DETAILS

1. JOB APPLICANT'S DETAILS		PLEASE COMPLETE ALL SECTIONS	
First Name:		Middle Name:	
Surname:		Also known as (e.g Maiden name):	
Date of Birth:		Phone Number/s:	
<input type="checkbox"/> (please tick) If Less than 6 month in New Zealand. <input type="checkbox"/> (please tick) I have not had an accident related injury in the last 6 months.		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Postal address:		Suburb :	
Flat/Unit No:	Town/City:	Postal Code :	
Previous Address:		Type of work/Industry:	

2. EMPLOYER OR RECRUITMENT AGENCY DETAILS		FOR ACC CLAIMS HISTORY RESULTS TO BE SENT TO	
Organisation Name:		Contact Person's Name:	
Contact Phone Number:		Contact Email Address:	

## PART B: CONSENT FOR ACC TO RELEASE INFORMATION

3. JOB APPLICANT'S CONSENT AND SIGNATURE	
<p>I authorise ACC to release my ACC claims history to the employer or recruitment agency named in Part A:2, and understand that I will be sent a copy to the postal address marked in Part A:1. <b>Please tick if you do not wish to receive a copy of this information.</b> <input type="checkbox"/></p> <p><b>Please tick if you have received or consented to a Pre-employment claims injury history in the last 6 months.</b> <input type="checkbox"/></p> <p>I understand that If, I have been in New Zealand for less than 6 months (Part A:1) and, have not had an accident related injury in New Zealand during this period, ACC will not process this request.</p> <p>I understand that this information will only be used to decide whether I can carry out the job safely.</p> <p>I understand I have the right:</p> <ul style="list-style-type: none"> <li>• to see and correct this information under the Privacy Act 1993</li> <li>• that the employer or recruitment agency will use this information responsibly, and comply with the Privacy Act 1993, Health Information Privacy Code 1994 and the Human Rights Act 1993</li> <li>• that the employer or recruitment agency will destroy the information once the job application process is complete.</li> </ul>	
Job applicant's signature:	Date: