



APPLICATION FORM

Position Applying for: _____

If you are successful to a position this application forms part of the conditions of employment with Trojan Holdings Limited AllWaste (AW). It is therefore to be personally completed by the applicant. Please complete all sections.

Privacy Statement: The information contained within this document and any subsequent completed documents which relate to the applicant's employment has been collected purely as part of the process of accessing the suitability of the application for employment and will be retained within the AW records under the provisions and in accordance of the Privacy Act.

PERSONAL DETAILS

First Name _____ Surname _____

Street Address _____

Town / City _____ Date of Birth _____

Post Code _____ Home Phone _____

Mobile phone _____ Email _____

Are you legally entitled to work in NZ? (Please circle one)	Yes	No
Can you produce evidence if required e.g./ citizenship, work permit, permanent residence?	Yes	No

LICENCE DETAILS - Obtain a photocopy of drivers licence

Driver Licence Number _____ Expiry Date _____ Version Number (5b) _____

Classes and Endorsements _____

Past driving experience in vehicle relevant to the position Years _____ Months _____

Do any special conditions apply to your licence?	Yes	No
Do you currently have any demerit points against your licence?	Yes	No
Have you ever been disqualified from driving?	Yes	No

If you answered yes to any of the above questions, please give details

HEALTH DETAILS

Do you suffer from any injury or medical condition which may affect your work performance or regular attendance at work? Yes No

Have you ever suffered from any gradual injury, disease or infection such as hearing loss, sensitivity to chemicals, occupational overuse syndrome, back problems, leg/knee/ankle injury, arm/wrist/shoulder injury, heart disease, respiratory problem? Yes No

If you answered yes to any of the above health & safety questions, please provide further detail. For injuries please include where, when, what injury you sustained and the treatment details. For medical conditions, please advise whether you have on-going medication (such as Type 1 diabetes), whether your condition flares up in specific conditions (e.g. dermatitis or asthma) and when you last experienced problems related to your condition.

If you are offered employment the offer may be made subject to your obtaining a full medical clearance (by completion of a medical exam) to assess your fitness for the job for which you are applying. Do you consent to undergo a medical exam if you are offered employment?	Yes	No
Do you consent to a pre-employment drug screening and to biological monitoring in accordance with the Health & Safety in Employment Act 1992, if applicable?	Yes	No

EDUCATION & QUALIFICATION DETAILS

Highest Qualification achieved _____ Name of Institution _____

NZQA Unit Standards achieved _____

Trade/Professional/Occupational Qualifications _____

EMPLOYMENT HISTORY (Begin with the most recent position)

Name of Current or most recent Employer _____

Name of immediate Manager or Supervisor _____ Telephone _____

Your position _____ Date From-To _____

Describe duties and responsibilities _____

Reason(s) for leaving _____

EMPLOYMENT HISTORY

Name of second most recent Employer _____

Name of immediate Manager or Supervisor _____ Telephone _____

Your position _____ Date From-To _____

Describe duties and responsibilities _____

Reason(s) for leaving _____

REFEREES (Work related)

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Phone Number _____

Phone Number _____

GENERAL & CRIMINAL HISTORY DETAILS

Are you prepared to work weekends & Public Holidays?	Yes	No
Have you been previously employed or have relatives or friends or know any person currently employed by Trojan Holdings Ltd?	Yes	No

Details: _____

Please give details of any criminal convictions or charges which you have or which are pending against you: **

Please note: Conviction of a crime is not automatic disqualification for employment with AW. Factors such as age at the time of the offence, remoteness of the offence in time, and rehabilitation will be taken into determining the effect of suitability for this position.

**Under the Criminal Records (Clean Slate) Act 2004 you do not need to declare your New Zealand conviction if all the following apply (unless the exceptions below apply):

- a) It has been 7 or more years since your most recent conviction and you have not re-offended; and
- b) You have never had a custodial sentence imposed upon you and
- c) You have paid any fines/costs/compensation/reparation ordered by a Court.

Regardless of how long ago you were convicted, you are not eligible to conceal your conviction if:

- You have ever been convicted of a sexual offence, or
- You have ever been disqualified from holding a driver's licence for repeat offending involving alcohol/drugs or
- The conviction was from overseas

DECLARATIONS

- I declare that the information given in this application is correct and true in every aspect and I understand AW will check this at their discretion. I understand that if any false or misleading information is given, or any relevant facts suppressed, it may lead to the termination of any employment that may subsequently be offered to me.
- I irrevocably authorise AW or its Agent to contact all previous/current employers, including any employers I have not nominated on this application. Information so gained is supplied in confidence as evaluative material and will not be disclosed to me.
- I irrevocably authorise DriverCheck to furnish AW with details of my Driver's Licence.
- I irrevocably authorise AW to furnish to any third party details of this application and any subsequent dealings that I may have with AW as a result of this application being processed.
- I have read and fully understand this declaration.

Signature _____

Date _____