



Kiwi Bus Builders

Application For Employment

Please complete all the sections. **Please print.**

This application form is a source of information that will be used by this business to consider your suitability for the position for which you are applying. **All information is Strictly Confidential.**

The completion of this form does not indicate any obligation on this employer to engage the applicant.

Return this form by email to admin@kiwibus.co.nz or by post to Recruitment Officer, Kiwi Bus Builders Ltd, 26 – 44 Whakakake Street, Tauriko, Tauranga 3110

Personal Details

This section must be completed by the applicant personally. **Please print clearly.**

Full Name:	DOB:		
Position applied for:			
Contact Address:			
Home Phone:	Mobile:		
Work Phone:	e-mail:		
Drivers Licence No:	Class:		
Do you have any demerit points or endorsements? If yes, please detail:	Yes	No	
Are you legally entitled to work in New Zealand?	Yes	No	
Is this by way of	A: Citizenship	B: Residency	C: Visa
If this is by way of a work permit or visa (e.g. working holiday or returning resident's visa) please indicate type of permit or visa and expiry date.			
Type:	Expiry Date:		
Have you ever been convicted of a criminal offence? If yes, please detail:	Yes	No	
Have you ever been disciplined or dismissed from employment? If yes, please detail:	Yes	No	
Date:.....Organisation:.....			
Details:			
Are you prepared to work additional hours if required to do so?	Yes	No	

Previous Experience

If you have attached your CV, you may omit this section.

.....
.....
.....
.....
.....
.....
.....
.....
.....

Medical

Do you consent to undergo medical examination & drug testing if required? Yes No

Signed:..... Date:.....

Do you currently have, or have you had an injury or medical condition caused by gradual process, disease, infection or repetitive strain injuries e.g. hearing loss, sensitivity to chemicals, back injury that may be aggravated or further contributed to by the tasks of this job? Yes No

If yes, please provide details:.....
.....
.....

Are you aware of any other reason why you may not be able to completely perform the normal duties associated with the type of work for which you are applying? Yes No

If yes, please provide details:.....
.....
.....

If you have a disability, what considerations need to be taken into account for your working environment?.....
.....
.....

Referees

For the purpose of compliance with the Privacy Act 1993, do you consent to Kiwi Bus Builders Limited contacting your referees to conduct a reference check?

Yes No

Signed:..... Date:.....

Please provide contact details for two referees:

Name:	Tel:
Company:	e-mail:
Title:	Relationship (e.g. Manager)

Name:	Tel:
Company:	e-mail:
Title:	Relationship (e.g. Manager)

Declaration

I UNDERSTAND

That false or incomplete answers relating to my medical history could mean that I cannot receive any ACC compensation.

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

Date:.....

PRIVACY ACT

Personal information collected in this Pre-Interview Information Form is necessary for the purpose of performing the functions of Kiwi Bus Builders Limited. Information will be retained on the personnel file of successful applicants. Individuals have right of access to and correction of such information in accordance with the Privacy Act 1993.

DECLARATION

I declare that the information I have given in this Pre-Interview Information Form is true and correct. I am aware that if any misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated. I also understand that any false information given in relation to my personal health can also result in termination of employment.

Signed: _____ Date: _____