



TRACKS CONCRETE (2002) LTD
PO Box 577, Whakatane | 19 Arawa Road, Whakatane
Phone: (07) 307 0581 | Email: admin@tracks.kiwi.nz

EMPLOYMENT APPLICATION

First Name: _____ Surname: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____ Date of Birth: _____

POSITION APPLYING FOR: _____

WORK STATUS:

Are you a NZ Citizen? Yes No

Do you have the right to work in NZ without restriction? Yes No

HEALTH ISSUES:

If necessary you may be required to undergo a pre-employment drug test.

Do you have any known health condition of any kind, which may affect your ability to effectively carry out any duties? Yes No

Are you on any medication which may affect you carrying out any duties? Yes No

Have you suffered any injury or illness that may affect your ability to effectively carry out the physical requirements, functions and responsibilities of any duties? (e.g a previous back injury, carpal tunnel, tennis elbow or other repetitive strain injury?) Yes No

If yes to any of questions, please give details:

DRIVERS LICENCE:

Do you have a current drivers license? Yes No

Is there any matter pending which could affect the status of your drivers license? Yes No

Classes: _____

GENERAL:

Have You had any criminal convictions within the last 5 years? Yes No

Are you currently awaiting the hearing of any criminal charges? Yes No

Have you ever been disciplined or dismissed from employment for any of the following? Dishonesty/ assault or fighting/ alcohol or substance abuse? Yes No

If yes to any of questions, please give details:



**BUILDING A BETTER FUTURE
FOR OUR LOCAL COMMUNITIES**

EMPLOYMENT HISTORY:

MOST RECENT EMPLOYER:	ROLE:
DATES EMPLOYED:	HOURLY RATE:
REASON FOR LEAVING:	

PREVIOUS EMPLOYMENT:

PREVIOUS EMPLOYER:	ROLE:
DATES EMPLOYED:	HOURLY RATE:
REASON FOR LEAVING:	

PLEASE LIST ANY RELEVANT EXPERIENCE IN THE FOLLOWING AREAS:

PLEASE CIRCLE, IF YES PLEASE GIVE DETAILS:

CONCRETE WORK:	NO	YES
BUILDING RELATED WORK:	NO	YES
DRAIN LAYING/ SITEWORKS:	NO	YES
OPERATING MACHINERY/ TRUCKS:	NO	YES
FOREMAN/ LEADING HAND EXPERIENCE:	NO	YES
TRADE CERTIFICATES ATTAINED:		
SAFETY COURSE/ FIRST AID CERTIFICATES HELD:		

EMPLOYMENT REFEREES:

Name of Person to Contact:	Role in Company:	Phone Number

DECLARATION:

1. I declare that the answers in the application are true and correct and I understand that the information requested within this application is sought to establish my suitability for a job within Tracks and that if I do not provide such information then this application for employment may be rejected.
2. I authorise any screening processes that Tracks sees fit to exercise in considering this application. I understand this process may include employer references and checking of criminal and medical records.
3. I understand that a pre-employment drug test may be carried out.
4. I note that any offer of employment does not constitute an employment agreement until a separate agreement has been evidenced in writing and signed by Tracks and myself.
5. I am not aware of any personal circumstance, medical condition or disability that would limit my ability to adequately perform any duties needed.
6. I accept that, should my application be successful, the foregoing information will form part of my contract of employment and falsification of any information is grounds for dismissal.
7. By returning this application electronically it is acknowledged that I fully agree with the above declaration. Applicants invited to an interview will be required to sign this declaration.

SIGNATURE:

DATE: