



# EMPLOYMENT APPLICATION FORM

Please return to: Tech Group HR, P.O.Box 3016, Napier 4142 or email: HR@techgroup.co.nz

Company:  Position:

### Section 1 - Personal Details

Surname:

First Names:

Address:

Phone:  Mobile:

Email:

Are you known by any other names? Yes / No If yes give details:

Thank you for your application to join one of the companies belonging to the Tech Group. We are proud of our group of companies and wish to ensure we match up the right people to the positions we have available. To make sure of this and to ensure we meet our legal obligations we need you to personally complete this application. This does not mean you have definitely been offered a position. If you attend a job interview we may need to cover further employment related matters with you.

The information we gather at this time is to give our companies the information required to assess your suitability for employment. The information will be held securely. Except where required by law, none of this information will be disclosed by a third party without your authorisation. Information provided by a successful applicant will form part of their personnel file. Information provided by an unsuccessful applicant will be confidentially destroyed after 12 months or earlier if requested.

**Please be aware that failure to answer any of the questions truthfully or fully will render this application invalid and should you have been successful in your application, this action may be grounds for summary dismissal. It is preferable that this application be completed in your handwriting and hand-signed. Thank You**

### Section 2 - Residential Status

Are you a New Zealand citizen? Yes / No

If YES, can you provide evidence if required? NA / Yes / No

If NO, do you have NZ residency? Or NA / Yes / No

If NO, do you have a NZ Work Visa? NA / Yes / No

Please provide dates and evidence of your Residency or Work Visa Status

Expiry Date of Work Visa:

### Section 3 - Education & Qualifications

What educational, trade, professional qualifications do you have?

Give details of other qualifications, certificates, licences etc. or courses attended

Do you have a current NZ driver's licence? Yes / No Types:

Are you licenced to drive a Manual Transmission? Yes / No

Do you have any endorsements/restrictions? Yes / No If so please supply details

### Section 4 - Personal Interests:

**Section 5- Employment History**

Current Employer:   
From  To

Position Held:   
Brief Description of Work:

Do you consent to us seeking verbal or written information about you from this referee? **Yes / No**  
Signed:  Dated:

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Second Last Employer:   
From  To

Position Held:   
Brief Description of Work:

Do you consent to us seeking verbal or written information about you from this referee? **Yes / No**  
Signed:  Dated:

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Third Last Employer:   
From  To

Position Held:   
Brief Description of Work:

Do you consent to us seeking verbal or written information about you from this referee? **Yes / No**  
Signed:  Dated:

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**Section 6 - Referees**

Name:   
Address and Phone:   
or Email address:   
Position:

Do you consent to us seeking verbal or written information about you from this referee? **Yes / No**  
Signed:

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Name:   
Address and Phone:   
or Email address:   
Position:

Do you consent to us seeking verbal or written information about you from this referee? **Yes / No**  
Signed:  Dated:

**Section 7 - Pre Existing Medical / Injuries/COVID-19**

It is important that all questions in this section are answered. Any false information given regarding personal injury, medication, gradual process injury, general health, diseases or infections may be grounds for summary dismissal should you be successful in employment with Tech Group. ACC claims may also be jeopardised.

Have you ever suffered from or currently suffering from any of the following?

Hearing Loss?	Yes / No
Occupational Overuse Syndrome (OOS, RSI, DPI)?	Yes / No
Back Problems?	Yes / No
Sensitivity or Allergy to chemicals or other substances?	Yes / No
Colour Deficiency/Blindness?	Yes / No
Head Injury?	Yes / No

Do you have any other injury, medical condition, or disability that may adversely affect your regular attendance at work or adversely affect your work performance or t the safety of yourself or others? Yes / No

**If the answer to any of these questions is YES, please give details below:**

Have you had both COVID-19 vaccinations? Please provide a copy of your Vaccination Certificate Yes/No

**If the answer to this question is NO, please explain your reason why not:**

**Section 8 - Authorities to Act**

Do you agree to attend a pre employment health assessment, paid by the company? Yes/No  
Including annual health monitoring? Yes / No

Do you agree to the company conducting a pre-employment non  
invasive drug and alcohol test paid by the company? Yes / No

Do you agree to the company conducting a Ministry of Justice clearance? Yes / No

Do you consent to the company completing an ACC history check? Yes / No

**Section 9 - General**

Do you have any commitments or interests that may interrupt regular attendance at work? Yes / No

**If the answer to this question is YES, give details**

Have you ever been convicted of a charge in a court in New Zealand or any other country? Yes / No

Are you awaiting the hearing of any charges? Yes / No

**If the answer to these question is YES, give details**

Have you ever taken a personal grievance against a previous employer? Yes / No

**If the answer to this question is YES, give details**

**Section 10 - Declaration**

I have personally completed this application for employment and declare the information I have provided (and the information in my C.V. where provided) to be correct. I understand that should I be successful in my application that falsification, deliberately misleading information or suppression of information may be grounds for summary dismissal.

Signed:

Dated: