

**CONFIDENTIAL**

**EMPLOYMENT APPLICATION FORM  
TAGAR METAL SERVICES**

Attached is an Application for Employment Form which you are requested to personally complete.

The Application Form is a source of information which will be used by Tagar Metal Services to assist it in considering your suitability to the position for which you are applying. If successful, such information shall form part of Tagar Metal Services' personnel records. Failure to supply the information requested would prejudice Tagar Metal Services' ability to assess your suitability for the position.

Any offer of employment is made subject to your completing Tagar Metal Services' pre-employment medical assessment to its satisfaction.

You are entitled to assess this information upon request to Tagar Metal Services' Privacy Officer where the information is held.

This is provided that information relating to unsuccessful applicants shall be retained by Tagar Metal Services' for a period of 12 months. The above information is provided in accordance with the Privacy Act 1993.

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To be completed personally by Applicant

Date of Application \_\_\_\_\_

### **APPLICATION FOR EMPLOYMENT**

Note: The completion of this form does not indicate that there is any obligation on Tagar Metal Services to engage the applicant.

#### **PURPOSE**

This information is collected for the purpose of assessing your suitability for employment at Tagar Metal Services which may include subsequent changes in employment with the company.

**POSITION APPLIED FOR:** \_\_\_\_\_

How would you like to be addressed? \_\_\_\_\_

Family Name \_\_\_\_\_

Given Names (underline name used) \_\_\_\_\_

Are you known by any other name(s)? \_\_\_\_\_

Give details \_\_\_\_\_

Contact Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_

Mobile or other numbers \_\_\_\_\_

Email address \_\_\_\_\_

Have you reached the current school leaving age? Yes/No

Have you qualified for National Superannuation? Yes/No

Are you legally entitled to work in New Zealand? Yes/No

Name of secondary school(s) attended: \_\_\_\_\_  
\_\_\_\_\_

Qualifications (school certificate, university entrance, subjects):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| Languages | Can you speak any other language other than English? |
|-----------|--|
| _____     |  |

| Do you have your apprenticeship papers? | Yes/No |
|---|--------|
| _____                                   |        |

In what trade(s) were you apprenticed? \_\_\_\_\_

What was the name and address of the employer? \_\_\_\_\_  
\_\_\_\_\_

What trade qualifications do you hold? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other qualifications/certificates, licenses or have you attended any courses? Give details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the skills you hold which are relevant to the position applied for:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRESENT OR MOST RECENT EMPLOYER**

From \_\_\_\_\_ To \_\_\_\_\_

Company:

Address:

Job Held:

Main Duties:

Rate of Pay:

Hours worked per week:

Length of Employment:

Reason for Leaving:

For the purposes of compliance with the Privacy Act 1993 do you consent to  
Tagar Metal Services contacting your present employer for the purposes  
of reference checking

Yes/No

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**NEXT MOST RECENT EMPLOYER**

From \_\_\_\_\_ To \_\_\_\_\_

Company:

Address:

Job Held:

Main Duties:

Rate of Pay:

Hours worked per week:

Length of Employment:

Reason for Leaving:

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**NEXT MOST RECENT EMPLOYER**

From \_\_\_\_\_ To \_\_\_\_\_

Company:

Address:

Job Held:

Main Duties:

Rate of Pay:

Hours worked per week:

Length of Employment:

Reason for Leaving:

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**NEXT MOST RECENT EMPLOYER**

From \_\_\_\_\_ To \_\_\_\_\_

Company:

Address:

Job Held:

Main Duties:

Hours worked per week:

Length of Employment:

Reason for Leaving:

Give details of any other job(s) which may be relevant:  
\_\_\_\_\_  
\_\_\_\_\_

Have you worked for Tagar Metal Services or an associated company before? Yes/No

Do you secondary employment? Yes/No

If yes, please explain \_\_\_\_\_

**REFEREES**

Give name, addresses &amp; telephone numbers of three referees:

| Name | Position | Address | Phone Number |
|------|----------|---------|--------------|
|------|----------|---------|--------------|

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If your application is successful, when could you start employment? \_\_\_\_\_

“I consent to Tagar Metal Services seeking verbal or written information about me from representatives of my previous employers and/or referees, and authorize the information sought to be released by them to Tagar Metal Services for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by Tagar Metal Services is supplied in confidence as evaluative material and will not be disclosed to me.”

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

## GENERAL

Are you prepared to work shifts if required to do so? Yes/No  
Have you ever worked shifts before? Yes/No  
Are you prepared to work overtime if required? Yes/No  
Have you been convicted of a criminal offence? Yes/No  
Are you awaiting the hearing of charges in a civil or criminal court of law? Yes/No  
Are you prepared to use and handle all products, materials & equipment used in this industry? Yes/No  
Do you have a current driver's license? Yes/No  
Driver License Number? \_\_\_\_\_  
What Class of License? \_\_\_\_\_  
Do you have any demerit points or endorsements? Yes/No  
If yes, please explain \_\_\_\_\_

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Do you have a spouse, partner, relative or household member working here or elsewhere in this industry? Yes/No

If yes, then who? \_\_\_\_\_  
Where are they working? \_\_\_\_\_  
What transport arrangements do you have to get to your place of employment?

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Are you a member of any territorial force unit? Yes/No  
If so, have you completed whole time training? Yes/No  
What are your interests/hobbies/sports clubs or community activities?

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## MEDICAL

If you are offered employment, the offer is made subject to your obtaining a full medical clearance following the completion of our pre-employment medical.

Do you agree to undergo a medical examination? Yes/No  
Do you consent to any biological monitoring if applicable to the job? Yes/No  
(Refer HASE Act)

Have you had an injury or medical condition caused by gradual process, disease or infection, for example, hearing loss, sensitivity to chemicals, repetitive strain injuries, that may be aggravated or further contributed to by the tasks of this job? Yes/No

If yes, please detail \_\_\_\_\_

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Do you consent to Tagar Metal Services retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with this Company in the future? Yes/No

## DECLARATION

“I, \_\_\_\_\_ (full name), declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection, can result in my loss of entitlement for any compensation from ACC. I further understand that any offer of employment, if made, is conditional on my obtaining a full medical clearance through Tagar Metal Services’ pre-employment medical.”

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Signed

Date