



APPLICATION FOR EMPLOYMENT

MAXWELL CONTRACT WAREHOUSING LTD

You have recently applied for a position at Maxwell Contract Warehousing Ltd. The information you provide in this Application for Employment will be used in the process of determining your suitability for the position you have applied for within our organisation, and if appointed, for Human Resource management purposes.

The information you provide will be treated as confidential. If you are successful, it will form part of our staff personnel records. If you are unsuccessful, this application will be destroyed.

| APPLICANT INFORMATION | | | |
|--|------------------------------|-------------------------------|---|
| Last Name | First | Date | |
| Street Address | | | |
| City | | | |
| Phone | | E-mail Address | |
| Date Available | IRD Number | | |
| Position Applied for | | | |
| Are you legally entitled to work in NZ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If you are entitled to work in NZ please provide details: |
| | | Are you a NZ citizen? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | | Are you a NZ resident? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | | Do you have a NZ work permit? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If you have a work permit, what is the expiry date? | | | |
| Have you ever worked for Maxwell Contract Warehousing Ltd? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Have you ever been convicted of a criminal offence? *Please be aware that you are not obliged to declare certain offences, which occurred more than seven (7) years ago under the Criminal Records Clean Slate Act 2004. Maxwell Contract Warehousing Ltd reserves the right to conduct a security check on you at their discretion | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, please explain |
| Have you ever received diversion? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, please explain |
| Are you a director of any company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, please provide details |
| LICENCES | | | |
| Do you have a current drivers licence? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Please attach copy |



| | | | |
|--|--|------------------------|--------------------|
| Do you have a current forklift licence? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Expiry date: | Please attach copy |
| If yes, do you have an endorsement to drive reach trucks? (Only applicable for those applying for storeperson roles) | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| COMMITMENTS | | | |
| Do you have outside work commitments that could affect your ability to do your job? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, please explain | |
| HOURS OF WORK | | | |
| Are you prepared to work weekends and early mornings if required? | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Have you been absent from work in the last 12 months (other than on annual leave)? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, please explain | |
| Have you ever been dismissed from employment because your work was unsatisfactory? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, please explain | |

| | |
|---|---------------|
| REFERENCES | |
| <i>Please list three professional references.</i> | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |

| | | |
|---|-------------|--------------------|
| SKILLS | | |
| Please list your relevant skills and qualifications | | |
| Course | Institution | Year of completion |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| List the skills that you consider are relevant for this position: | | |



| PREVIOUS EMPLOYMENT | | | |
|---|------------------|--------------------|--|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Wage \$ | Ending Wage \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Wage \$ | Ending Wage \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Wage \$ | Ending Wage \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| HEALTH AND SAFETY |
|---|
| <p>Under the Health, Safety & Employment Act 1992, Maxwell Contract Warehousing Ltd must take all practicable steps to identify potential risks that are likely to impact on individuals within the workplace. This includes previous or current injuries or illnesses that are likely to place the applicant at risk when working in the logistics industry</p> <p>This quick health assessment is required to assist Maxwell Contract Warehousing Ltd in the identification of any potential illness or injury that may impact the applicant upon successful employment</p> <p>If required, inquiries may be made with The Accident Compensation Corporation (ACC) for a list of previous claims and/or with previous employers for a work history check</p> <p>Please complete the sections below.</p> <p>Have you ever suffered any back or shoulder injury or back or shoulder strain?</p> |



YES NO If yes, please provide details

Do you have any disabilities or health problems that may prevent you from safely carrying out the duties of the job you have applied for?

YES NO If yes, please provide details

Do you have any other medical conditions we should be made aware of? e.g. Diabetes, Allergies etc

YES NO If yes, please provide details

Have you ever received compensation or made an ACC claim for a work place injury?

YES NO If yes, please provide details

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that if any false or misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment may be terminated. I acknowledge that completion of this form does not automatically entitle me to an interview.

Maxwell Contract Warehousing Ltd will not use or disclose information provided, except for the purposes described above, or as authorized by you when required under the Privacy Act 1993. The information provided will be used in the process of determining your suitability for the position you have applied for within our organisation, and if appointed, for Human Resource management purposes. The information will be retained in the company's payroll department under conditions which ensure security and access by authorised personnel only.

Signature

Date