



**Blaikie Recruitment Registration Form, Permanent Employment**

**Private and Confidential**

Date of Registration \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ (Full name) M \_\_\_\_ F \_\_\_\_

Address \_\_\_\_\_ Country \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

Are you a New Zealand citizen or NZ Permanent Resident? Yes/No

If not, do you have a current Work Permit? Yes/No Expiry Date: \_\_\_\_\_

(If successful in your application you will need to provide a copy of the work permit)

When would you be available to commence employment? \_\_\_\_\_

Do you currently have any other pending job applications? \_\_\_\_\_

Salary Expectation? \_\_\_\_\_

**Driving Licence**

This information is collected for the purposes of record in the event you become employed by the Service and may be required to drive a vehicle for the Service:

Licence Number: \_\_\_\_\_ Classes currently held: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Demerit Points: \_\_\_\_\_

Has your licence ever been cancelled? Yes/No

Do you have any court/legal cases pending which could affect your licence? Yes/No

If Yes, provide details: \_\_\_\_\_

Have you at any time taken action against a current or former employer in order to resolve an employment dispute, including personal grievance or other employment relationship problem? Yes/No

**Health and Safety Declaration**

I agree to undertake a Drug/Alcohol test if/when required: Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Have you experienced any physical or mental condition that may impact on the current role you are applying for? Yes/No

Are you taking any drugs or medications? Yes/No

Do you have any other medical condition or a disability which may affect your ability to carry out work safely or which may require special facilities to be provided to enable you to do so? Yes/No

If circled Yes to any of the above, please specify: \_\_\_\_\_

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### **Criminal Offences**

Have you been convicted or discharged without conviction as a result of criminal charges in New Zealand (excluding those convictions protected from disclosure by the Criminal Records (Clean Slate) Act 2004) or any other country? Yes/No

Are there any charges or sentencing pending against you? Yes/No

If 'YES' to either of the above questions, please provide details: \_\_\_\_\_

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An offer of employment is subject to successfully completing a police check. All information received will be kept confidential and utilised only for the purposes of determining suitability for employment.

### **Reference Checks**

Please provide the names and contact details of two referees whose consent has been obtained and who may be contacted for a confidential reference. (at least one of these referees must be a previous employer and have supervised or been senior to you in your current or most recent employment.)

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Declaration**

1. For the purposes of reference checking, I give my consent for Blaikie Recruitment to communicate and obtain information about me for the purposes of this employment application.
2. I understand that if I am successful in my application and it is subsequently discovered that information I have provided, including the Police Check, is not complete, accurate and correct or I have failed to disclose information, my employment may be terminated.
3. I authorise you to retain any information about me until I advise you that I no longer wish to seek employment opportunities through Blaikie Recruitment. I understand that you might retain non-active information about me on the Blaikie Recruitment system.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **Employment Health & Safety Questionnaire**

The following information is required to assist the Agency to meet our obligations under the Health and Safety in Employment Act 1992 and the Injury Prevention Rehabilitation and Compensation Act 2001, and subsequent amendments and to assess your ability to perform the duties of the position safely.

It is important that you let us know of any health issues or disability that you have that is relevant to the role you are applying for.

**Declaration**

I agree to complete this health questionnaire and if requested, I will be available for a health assessment by an Occupational Health Nurse or Physician appointed by the Agency. I undertake to give true and complete answers in regard to my past and present health. I will not withhold any relevant information concerning this matter.

Any information given, known to be untrue may exclude me from employment or may be grounds for dismissal following appointment. Any worker’s compensation claim arising from such information will be disputed. I understand that this record will remain confidential to the Agency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The intention of the following questionnaire is to assess your ability to sustain the physical activities of the position you have applied for

- 1. Do you have any condition of which Blaikie Recruitment should be aware, which could affect your performance, put your personal safety or the safety of others at risk, in the position being applied for? (e.g. colour blindness, epilepsy, cardiac conditions etc.) Yes/No

If the answer is ‘YES’ please explain further: \_\_\_\_\_

\_\_\_\_\_

- 2. Is your vision impaired? If “YES” please detail: \_\_\_\_\_

\_\_\_\_\_

Do you wear prescription lenses? \_\_\_\_\_

- 3. Have you suffered any injury to your neck and / or shoulders? \_\_\_\_\_

If “YES” what elements of the working environment may aggravate your condition? \_\_\_\_\_

\_\_\_\_\_

- 4. Have you ever suffered from repetitive strain injury, in particular, arms, wrists or hands.

Have you suffered any injury to any part of your body that may be aggravated by repetitive activity?

If YES, please detail: \_\_\_\_\_

\_\_\_\_\_

- 5. Do you suffer from or have suffered from any injury or medical condition caused by gradual process, disease or infection (e.g. gradual process injury, back injury or strain, hearing loss, sensitivity to chemicals etc.) which the tasks of this job may aggravate or contribute to? Yes/No

If YES, please detail: \_\_\_\_\_

\_\_\_\_\_