

## **Confidential**

### **Application for Employment**

This application must be completed by all persons applying for a position with Mana Coach Services Limited. It must be completed in your own hand writing and be signed and dated.

#### **Collecting and holding personal information**

The information provided in this 'application for employment' will be collected and held by Mana Coach Services Limited. It will be used for the purpose of assessing suitability for employment with Mana Coach Services Limited.

If your application is successful this information will be retained on your personal file. If the application is unsuccessful this document, and other application documents will be returned to you, if requested, or destroyed after a period of 12 months.

#### **Privacy Act 1993**

Section 4 of this Application for Employment form concerns certain information required by Mana Coach Services Limited and authorisation by you in accordance with the provisions of the Privacy Act 1993 before you agree to disclose it to the Company. Please ensure that you carefully read these requirements.

#### **Note:**

The Criminal Records (Clean Slate) Act 2004 came into effect on 29 November 2004. This allows people to conceal convictions, so long as –

- (1) you have never had a custodial sentence (e.g. imprisonment, borstal) imposed on you; and
- (2) seven years have passed since your most recent conviction; and
- (3) any fine/reparation/costs/compensation has been fully paid.

Regardless of how long ago you were convicted, you are not able to conceal convictions if

- you have been convicted of a sexual offence; or
- you have been disqualified from holding a driver licence for repeat offending involving drugs or alcohol; or
- the conviction was from overseas.

#### **Position Applied for:**

**Name:**

**Best number to contact you on:**

How did you hear about this vacancy? (Please circle which applies, you may circle more than one.)

Seek / Trade Me / Radio Advertising / Word of Mouth / WINZ / other

**Your access to this information**

You have a right of access to personal information and to seek any correction to ensure accuracy.

Are you a New Zealand resident or do you have the right of permanent residence in New Zealand? Yes  No

If not, are you legally entitled to work in New Zealand? Yes  No

Do you hold a current - - Visa  Yes  No  N/A   
- Work Permit  Yes  No  N/A

**Note:** You may be required to produce a copy of your eligibility to work in New Zealand if subsequently interviewed for a position.

**Position applied for initially:** .....

**Section 1 Personal Information**

(Please Print)

First Name(s): .....

Family Name: .....

If known by any other names, please record:

Address: .....  
.....  
.....

Telephone: ..... IRD No: .....

eMail:

**Section 2 Education and Qualifications**

(Including Tertiary Qualifications, ITO National Qualifications etc)

List below qualifications or formal attainments you consider relevant to the position being applied for.

- 1.
- 2.
- 3.
- 4.



**Referees**

(Please give details of referees that you authorise us to contact, preferably two work related referees and one personal referee)

Name:  
Address:  
Phone No:

Name:  
Address:  
Phone No:

Name:  
Address:  
Phone No:

**Section 4 Privacy Act 1993**

Do you agree to inquiries being made as to the accuracy of the information contained in this application or associated application documents, or any other matter relating to your suitability for employment?

Present Employer:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Past Employer:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other person:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

I agree to Mana Coach Services Limited contacting any of my previous employers or referees, as indicated in this application, for the purposes of obtaining a reference regarding my suitability for the vacancy I am applying for and as to the accuracy of the information contained in this application or associated application documents;

I further authorise Mana Coach Services Limited to:

- obtain from the New Zealand Transport Agency (NZTA) my driver history record as it relates to traffic offences (a separate form is to be completed for this purpose)
- photocopy my drivers licence for the purpose of recording its details on the Company’s Driver Check website in order to periodically verify and regular monitor its status
- obtain from the New Zealand Police any information they may have on me as it relates to this application of employment with the Company (a separate form is to be completed for this purpose)

Signature: \_\_\_\_\_

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

**(NB. This authority is purely at the applicant’s discretion, but please note, failure to provide this opportunity may affect the decision regarding the suitability of the applicant for employment with Mana Coach Services Limited.)**



Do you have a current New Zealand driver's Licence? Yes  No

If yes, please provide following details:

Licence No.

- class(es) held

- any endorsements

- any conditions

Do you have or are you aware of any likely commitments which may prevent you from attending your place of employment during ordinary shift hours or affect your availability to meet the commitments of weekend work (e.g. sports, hobbies, special interests, education, training etc)? Yes  No

If yes, please provide details.

Are you a member of a territorial force unit or volunteer fire brigade?

Yes  No

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

Are you available to work shift work including weekends? Yes  No

If your application is successful, when would you be available to commence employment?

## Section 6 Medical History

Are you currently taking any medication that may affect your ability to perform the position you are applying for? Yes  No

If yes, please provide details:

***The following questions are to ensure we do not place you in a position or ask you to complete tasks which may aggravate any existing or historic medical condition or injury you may have.***

Do you have, or have you ever had an injury or medical condition which the tasks of the job applied for may aggravate, or which may affect your ability to perform the tasks of the job effectively? For example, back injury, hearing loss, blackouts, fits, seizures, gradual process injury (RSI/OOS). Please note this list is not exhaustive. Yes  No

If yes, please provide details:

Are you allergic to, or have sensitivity to any substances or chemicals?

Yes  No

If yes, please provide details:

Have you ever suffered from:

- |    |   |     |                          |    |                          |
|----|---|-----|--------------------------|----|--------------------------|
| 1. | Hearing loss                                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. | Heart complaint                             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. | Blackouts or fits/seizures/epilepsy         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. | Hernia                                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. | Colour blindness                            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. | Back Injury/Back strain                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. | Gradual Process Injury                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. | Stress related depression or mental illness | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. | Other (please describe)                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you answered yes to any of the conditions described above, did that result in treatment in the past 5 years which has necessitated an absence from, or affected your ability to work?

Yes  No

If yes, please provide details:

## Section 7 Declaration

I, ..... (Full name) declare that to the best of my knowledge the answers to the questions in this application are correct. I understand that if any false information is given or any material fact suppressed, I may not be accepted or, if I am employed, I may be dismissed. I also understand that any false information given in Section 5, the medical portion of this application, may result in loss of entitlement to any compensation from ACC.

Signature: ..... Date: .....

## Section 7 Additional Information

Do you have any additional information which you consider may assist your application? For example, achievements, interests, aspirations. If so, please list below or attach any additional information to this application.

Thank you for applying to join Mana Coach Services Limited. Your application will be filed and, should a suitable position become available, will be considered alongside other applicants.