

# Resene application for employment

(must be completed by applicant in own writing)

Position applied for:	Date:
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Location:

**Notes:**  
 1. The completion of this form does not indicate that there is any obligation on the company to engage the applicant.  
 2. We recommend you answer all questions as this information is being collected for the purpose of assessing your suitability for the position you are applying for. (If your application is unsuccessful, all information will be destroyed).  
 3. If successful, you have the right of access to personal information and to seek to correct any you think necessary to ensure accuracy.

**Section one: Personal information**

Surname:	(Please circle) MR MRS MISS MS
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First name(s):	Preferred name:
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Address:	Postal code:
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Mailing address (if different from above):

Phone (home):	Mobile:
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Email:	Date of birth:
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**Section two: Education (including University, further education etc.)**

Name of College/Polytechnic/University	From	To	Qualifications/standards of achievement

**Qualifications – Professional – Occupational – Trade qualifications**


**Career aspirations**

Are there any particular reasons for applying for this position?


Future personal objectives:


Interests/hobbies:

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**Section three: Employment history (start with most recent position)**

Name of employer	Length of service		Position held	Reason for leaving	Salary
	From:	To:			

Are you currently employed? (please circle) Yes / No If yes, how much notice is required? \_\_\_\_\_ weeks.

**Referees:** Please give names of **two** or **three** referees **whose consent has been obtained** and who may be contacted for a confidential reference. (Where possible at least two of the referees should be able to give **work related information** and should have supervised or been senior to you in your **current or most recent employment**).

Name (work related)	Position	Company
Phone: ( )	Mobile:	Email:
Phone: ( )	Mobile:	Email:
Name (personal)		
Phone: ( )	Mobile:	Email:

Section four: General information		Yes	No
Are you prepared to work reasonable overtime if required?			
Are you prepared to work shifts (if applicable)?			
Do you have a current driver's licence?			
Number:	Class:                      Expiry date:		
Are you reliant on public transport?			
Are you a permanent resident?			
If no, do you hold a work permit? (please attach copy)			
Are you a smoker?			
Do you intend to engage in other work while employed by this company?			
Do you have any other business interests that may conflict with the position for which you are applying? If so please state what these are:			
If a part-time application, are you able to work fulltime if required?			
As part of our pre-employment process you may be required to undertake a full medical assessment which will include testing for banned drugs. Do you give your consent to the medical assessment?			
Have you ever been disciplined or dismissed from employment for: <ul style="list-style-type: none"> <li>• Dishonesty or unauthorised possession of company property?</li> <li>• Assault or fighting?</li> <li>• Alcohol or substance abuse?</li> <li>• Violating health and safety rules?</li> </ul>			
Have you ever been convicted of a criminal offence, or have you ever been disqualified from driving, or are you awaiting a hearing on any criminal charges? If yes, give brief details.			
Have you ever had your name changed by statutory declaration? If yes, please give details:			
Have you ever been employed by this company? If yes, when/where?			
Do you know any person currently employed by this company? If yes, who/where?			
Section five: Medical			
My present health is (please circle):    Excellent    Good    Fair			
How many days sick have you taken in the last 12 months of paid employment?			
<b>(i) Medical details</b> (tick column that applies and provide details where required)			
Do you suffer from or have you had?	Yes	No	Details
Asthma			
Dermatitis			
Hearing loss			
Blackouts or fits of any kind, e.g. epilepsy			
Allergies, or are you sensitive to any substances or chemicals			
Colour blindness			
Overuse injuries, e.g. RSI (Repetitive strain injury)/OOS			
Have you ever made an ACC (NZ)/Workcover Australia claim or received compensation for any injury/strain or RSI/OOS			
<b>(ii)</b> As part of normal duties, some positions within Resene require regular lifting (e.g. paint pails, 4 x 4 litre filled cans – potentially up to 22 kg). Would this cause you any problems?			
<b>(iii)</b> Do you have any other condition that may affect your ability to effectively carry out the functions and responsibilities of the position applied for? If so, please give details:			
Section six: Declaration / authority / conditions of employment			
<b>(i) Referees</b> (Section 3) I consent to the company seeking verbal or written information about me which includes all Professional Memberships and all Tertiary qualifications on a confidential basis and authorise the information requested to be released. I understand that the information will be supplied in confidence as evaluative material and will not be disclosed to me.			
<b>(ii) Police check</b> (Section 4) I consent to the company undertaking a verbal or written police check about me and authorise the information sought to be released.			
<b>(iii) Medical</b> (Section 5) Where I have been in receipt of an ACC (NZ)/Workcover Australia claim, I authorise the ACC (NZ)/Workcover Australia or any medical practitioner who has treated or examined me to release such information they may have regarding any illness, injury, medical history or treatment held on my medical records to an authorised officer of Resene Paints Limited.			
<b>(iv) I AGREE THAT IF EMPLOYED, I WILL BE SUBJECT TO THE CONDITIONS AS SETOUT IN THE CURRENT RESENE PAINTS LIMITED EMPLOYMENT AGREEMENT.</b>			
<b>(v)</b> I, _____ (full name) hereby certify that all the information given orally and in writing by me for my application is true and complete to the best of my knowledge and belief. I understand that the provision of false, incomplete or misleading information will be grounds for summary dismissal.			
Signed:		Date:	