



JOB APPLICATION FORM

P.O.Box 55,
139 Florence Rd
WINTON, 9721,
NEW ZEALAND

P.O. Box 103
133 Limeworks Rd
MILTON, 9721
NEW ZEALAND

CONFIDENTIAL

(this application is to be completed in full and personally by the applicant)

POSITION (applied for)	
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PERSONAL INFORMATION						
First Names:				Surname:		
Address:						
Phone:	Home:			Work		
				Mobile:		
Email:						

CV (attached)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Acheivements, Qualifications, Certificates and/or record of learning attached.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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WORK STATUS				
Are you a New Zealand or Australian citizen (including people born in the Cook Islands, Niue and Tokelau), or	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a New Zealand residence visa, or	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a New Zealand work visa	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>You will be required to provide evidence of your entitlement to work in NZ (Work Visa or Residency Papers)</i>				

WORK HISTORY (please start with most recent or current employer)		
Employer	Job Description	Term of Employment (Start/Finish Date)

EDUCATION (please provide proof of qualification obtained and/or record of learning for Unit Std and/or NCEA Level by subject matter)		
If you have submitted a CV with this information , you are not required complete this section.		
Name of School, Technical Institute and/or University	Unit Standards and/or NCEA Level	Dipolma, Tertiary Level Qualification

TRADE / OCCUPATIONAL QUALIFICATIONS (please provide proof) AND EXPERIENCE				
Do you have any qualifications relevant to the position for which you are applying?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If so, give details				
Do you have any knowledge/skills and experience which maybe relevant to the position for which you are applying?				
If so, give details				

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REFEREES

Please provide at least 2 referees, preferably from your most recent employment.
If you have not been previously employed character references are sufficient.

Name of Person to Contact	Relationship to you	Contact Phone Number

I consent to Craigpine Timber Ltd seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released for the purpose of ascertaining my suitability for the position I am applying for. I understand that the information received by Craigpine Timber Ltd is supplied in confidence as evaluative information, and as such will not be disclosed to me

Signature		Date:	
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DRIVERS LICENCE

If your application is successful you will be required to provide proof.

Do you hold a current NZ Drivers Licence?				Yes		No	
Licence No:		Class:		Endorsements:			
Is there any matter pending which could affect the status of your driver's licence?				Yes		No	

HEALTH ISSUES

Do you have any known health condition of any kind, which may affect your ability to safely and effectively carry out the functions and responsibilities of the position applied for?
(FOR EXAMPLE: Asthma, Bronchitis, Heart Disease, Diabetes, Seizures, Hearing Loss, Hernia, high blood pressure, skin conditions such as Dermatitis or Eczema or severe allergies)

If Yes, give details		Yes		No	
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Have you suffered any injury, illness or disease that may affect your ability to safely and effectively carry out the physical requirements, functions and responsibilities of the position applied for?
(FOR EXAMPLE: injury or strain to your back, shoulders, neck, upper or lower limbs or fingers, including carpal tunnel, tennis elbow or other gradual process injuries.)

If Yes, give details		Yes		No	
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Are you on any medication which may affect your performance in the position you have applied for?

If Yes, give details		Yes		No	
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GENERAL

Have you had any criminal convictions within the past five years?

If so, give details		Yes		No	
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Are you currently waiting a hearing of any criminal charges?

Do you authorise Craigpine Timber Ltd to access information held by ACC or Ministry of Justice?

Are you able to work overtime and shift work?

Are you prepared to travel and stay away from home overnight if required?

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DRUG SCREENING

Due to the nature of Craigpines Timber Ltd's operation and our determination to provide a safe and efficient working environment, all successful applicants are required to undergo a drug test, all offers of employment are conditional on the results of the drug screening, a positive test will result in your application being denied immediately. Applicants should be aware that if your application is successful it is a condition of employment to accept follow-up drug screening within 6mths of commencing employment; such screening will be conducted at a randomly selected date.

MEDICAL SCREENING

All successful applicants are required to undergo a medical assessment to determine suitability for the nature of the work to be undertaken; all offers of employment are conditional on the results of the medical assessment. Craigpine Timber Ltd has the right rescind an offer of employment if the results are unsatisfactory or if you have not disclosed or falsified information in your application.

If your application is successful, when could you commence work?

DECLARATION

I, _____ (full name)

1. Declare that to the best of my knowledge, the answers given 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 maybe terminated. I also understand that any relevant false information may result in loss of entitlement for any compensation from ACC or similar.
2. Authorise any screening processes that Craigpine Timber Ltd sees fit to exercise in considering by suitability for the position I am applying for. I understand this process will include a drug screening and a medical examination of my lung function, Eye Sight, Hearing , Musculoskeletal Dexterity Coordination and (if applicable) Cobalt & CCA Levels and may include employer references , Criminal Conviction History, Medical Records and ACC accident/injury claims.
3. Am not aware of any personal circumstances or medical condition that would limit my ability to safely and effectively perform the position for which I am applying.
4. I further accept that if I am successful in this application and commence employment with the company, the information contained herein and any other information gathered in the course of my employment will be available to management.
5. Understand that any offer of employment, conditional or otherwise does not constitute an employment agreement until a separate agreement has been evidenced in writing and signed by Craigpine Timber Ltd and myself.

Signature:

Date:

For OFFICE USE only :

(Information to be obtained if application is successful and offer of employment (including conditional offers) is extended, to ensure all P.P.E is available)

BOOT SIZE	LACE UP <input type="radio"/> or SLIP- ON <input type="radio"/>
SHIRT SIZE	S <input type="radio"/> M <input type="radio"/> L <input type="radio"/> XL <input type="radio"/> 2XL <input type="radio"/> 3XL <input type="radio"/> 4XL
SAFETY GLASSES	(does applicant use corrective lenses) YES <input type="radio"/> or NO <input type="radio"/>
EARMUFFS:	Standard <input type="radio"/> or Active Listening Hearing Protection (Employee's Cost) <input type="radio"/>
SPECIALIST: PPE	(please give details e.g: Engineering/Kilns/Chainsaws)

(Please confirm Job Description/Hazard Control Training Information required for initial training/supervision)

AREA:	Job Description and/or tasks to be undertaken. (Green Chain, Luger, De-filleting, Mobile Plant etc)	LockOUT (is mandatory for all Operational Personal)
Start Date:	Hours of work	Start Time: Finish Time:

(Emergency Contact Details)

NAME:	Address:		
Contact Telephone No's	Day Time:	After Hours:	Cell Phone