



McKechnie
Transforming Aluminium

McKechnie Aluminium Solutions Limited
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New Zealand.
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Application for Employment

Please provide as much detail as possible – this will help us to match your experience and abilities with the job specification and enhance chances of successful placement. Please print or write in your own hand.

Personal Information Under the Privacy Act 1993

The information provided on this form will be used to process your application. The information requested is not required by law, but if sufficient information is not provided with your application, it may not be considered. Staff having direct access to this information include the Human Resources Team and those responsible for the position. Under the Privacy Act 1993, you have a right of access to personal information about you held by McKechnie Aluminium Solutions Limited and you are also entitled to request information about you to be corrected. If unsuccessful this information will be securely held in McKechnie Aluminium Solutions Limited Human Resources files for a maximum period of three months from the time an appointment is made, after which time it will be destroyed.

NOTE: Completion of this form does not indicate any commitment to reply nor to employ you.

Family Name: First Names:

Position Applied for: Date:

If your application is accepted, when could you commence employment?

FOR OFFICE USE ONLY

Received :

Acknowledgement: Date:

Personal Details

Family Names:

First Name: Preferred Name:

If you are known by other names, please record them here:

Physical Address:..... Home Phone No:

..... Work Phone No:

..... Alternative Contact No:

Postal Address: Mobile No:

..... Email Address:

Learning and Development

Secondary School(s) Attended	From	To
.....
Polytech, University Attended		
.....		

Qualifications Achieved, or Partly Achieved

Professional, Technical, Trade and other details, licence types	Obtained at	Date
.....
.....
.....

Leisure Interests

.....

Medical (Applicants will have to undergo a pre-employment medical check)

Do you suffer from any injury or ailment which may affect your work performance, ability to effectively carry out the duties of the position applied for, or regular attendance at work? Yes / No (please circle)

If Yes, please provide details:

Have you ever received ACC for any reason or suffered from any gradual process injury, disease or injury such as:

Hearing loss Respiratory problems Dermatitis
 Occupational overuse syndrome (RSI) Back problems Hernia
 Sensitivity to chemicals Diabetes Blackout or Fits
 Stress related condition

If yes to any of the above please give details and describe any technical aid, equipment adaptations to the workplace which you would need to make your work easier:

.....

Other - please specify:.....

Employment History

Present or most recent employment

Employer's Name:

Address:

Position Held: From: / / To: / /

Reason for Leaving:

Key Tasks:

.....

.....

.....

Previous employment

Employer's Name:

Address:

Position Held: From: / / To: / /

Reason for Leaving:

Key Tasks:

.....

.....

.....

Employer's Name:

Address:

Position Held: From: / / To: / /

Reason for Leaving:

Key Tasks:

.....

.....

.....

References

Please provide details of references who may be contacted (preferably work-related)

Employer's Name: Phone: Occupation:

Company/Address:

Employer's Name: Phone: Occupation:

Company/Address:

Employer's Name: Phone: Occupation:

Company/Address:

Overtime and Shift Operations

Work Arrangements

Are you prepared to work shifts? Yes No
 Are you prepared to work overtime? Yes No

Please indicate acceptable options

Typical work arrangements may include:

5 Day Span

Daywork Monday - Friday (8 hours) 6:00am - 2:30pm
 Monday - Thursday / Tuesday to Friday (10 hours) 6:00am - 4:30pm

Shiftwork Monday - Friday (8 hours)
 Alternating Morning / Afternoon 6:00am - 2:00pm / 2:00pm - 10:00pm
 Fixed Night Shift 10:00pm - 6:00am
 Monday - Thursday / Tuesday to Friday (10 hours) 6:00am - 4:00pm
 Fixed Night Shift 8:00pm - 6:00am

6 or 7 Day Span

4 on - 2 off (10 hours)	6:00am - 4:00pm <input type="checkbox"/>	8:00pm - 6:00am <input type="checkbox"/>
4 on - 2 off (12 hours)	6:00am - 6:00pm <input type="checkbox"/>	6:00pm - 6:00am <input type="checkbox"/>
4 on - 4 off (12 hours)	6:00am - 6:00pm <input type="checkbox"/>	6:00pm - 6:00am <input type="checkbox"/>
4 on - 3 off (10 hours)	} 4 days worked then 2 off except that Sundays are not worked which may result in split shifts.	<input type="checkbox"/>
4 on - 3 off (12 hours)		<input type="checkbox"/>

Are there any hours you are unavailable to work, including overtime hours?

General

(i) Have you previously been employed by McKechnie Aluminium Solutions Ltd ? Yes No

If Yes, please specify:

(ii) Do you have a spouse/partner/relative or household member:

Currently employed by McKechnie Aluminium Solutions Ltd ? Yes No

Working for a competing Company? Yes No

If Yes, please specify:

(iii) Are you a New Zealand citizen? Yes No

If No, are there any restrictions applied ? Specify.....

(iv) Are you legally entitled to work in New Zealand? Yes No

(Please produce evidence)

(v) Have you been convicted of a criminal offence? Yes No

If Yes, please state the nature of the offence in a confidential envelope addressed to the Human Resource Manager.

(vi) Do you have a drivers licence? (Classes) Yes No

Declaration and Consent

I certify that to the best of my knowledge the answers to the questions in this application are correct. I understand that any false information given, or material fact suppressed, may affect the status of my application, or may lead to dismissal.

In the event of appointment I agree to be covered by the terms and conditions of the McKechnie Aluminium Solutions Ltd Collective Employment Agreement or Individual Employment Agreement as applicable and to abide by McKechnie Aluminium Solutions Ltd Company Policies, Procedures and Practices.

I agree to complete a medical assessment by McKechnie Aluminium Solutions Ltd and I understand that my appointment may be contingent on a favourable medical report.

I accept that all references and reports obtained by McKechnie Aluminium Solutions Ltd for the purpose of this application will be confidential to McKechnie Aluminium Solutions Ltd. I understand that any information on my personal file is given for the use of the employer and their authorised representative, who at the employer's express authority may at any time have access to the file.

Consent is given for an authorised representative from McKechnie Aluminium Solutions Ltd:

1. To seek information from past/present Employers / Referees with my prior approval.
2. To the release of relevant information from ACC relating to any injury which may affect work performance or attendance of work.
3. To organise a pre-employment drug test subject to agreed Company policy and practice.

Date

Signature