

APPENDIX H: APPLICATION FOR EMPLOYMENT

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McKechnie™
Transforming Aluminium

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 complete in your own hand writing.

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 held about you 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's 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.

Personal Details

Family Names:	.....	
First Name	.....	Preferred Name	.....
If you are known by any other name please record them here:			
Physical Address:	.....	Home Phone No:	.....
.....	.....	Work Phone No:	.....
.....	.....	Alternative Contact No:	.....
Postal Address:	.....	Mobile No:	.....
.....	.....	Email Address:	.....

Position Applied For:	.....	Date:	.....
If your application is accepted, when could you commence employment?			

FOR OFFICE USE ONLY

Date Received	.....
Interviewed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manager Interviewed with	.....
Comments	.....
.....	

Learning and Development (Evidence may be required)

Secondary School(s) Attended	From	To
.....
.....
Polytech, University Attended		
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Other Qualifications Achieved, or Partly Achieved

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

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Medical (Applicants will be required to undergo a pre-employment medical check which includes a drug and alcohol test)

Do you suffer from any injury, illness 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:

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

<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Respiratory problems	<input type="checkbox"/> Dermatitis
<input type="checkbox"/> Occupational overuse syndrome (RSI)	<input type="checkbox"/> Back problems	<input type="checkbox"/> Hernia
<input type="checkbox"/> Sensitivity to chemicals	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Blackout or Fits
<input type="checkbox"/> Stress Related Condition	<input type="checkbox"/> Other (please specify)	

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

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Employment History

Present Or Most Recent Employment

Employer's Name

Address

Position Held From / / To / /

Reason For Leaving

Key Tasks

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Previous Employment

Employer's Name

Address

Position Held From / / To / /

Reason For Leaving

Key Tasks

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Employer's Name

Address

Position Held From / / To / /

Reason For Leaving

Key Tasks

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References

Please provide details of references who may be contacted (at least one must be a current or previous Manager)

Name Phone No Occupation

Company/Address

Name Phone No Occupation

Company/Address

Overtime and Shift Operations

Work Arrangements

Daywork Monday - Friday
 Monday – Thursday/Tuesday – Friday

Shiftwork Monday – Saturday

Day Shiftwork Monday – Saturday

Night Shiftwork Sunday – Friday

 Fixed Night Shift

 All working hours are to be confirmed

Do you prefer day shift Yes No

Do you prefer Nightshift Yes No

Are you prepared to work overtime? Yes No

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

General

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

If Yes, please

Do you have a spouse / partner / relative / household member / friend currently employed by McKechnie Aluminium Solutions Ltd? Yes No

If Yes, please

Do you have a spouse / partner / relative / household member / friend currently working for a competing company? Yes No

If Yes, please

Are you a NZ or Australian Citizen or a Permanent Resident? Yes No

If No please provide work permit details and

Have you ever been convicted of a criminal offence? Yes No

If Yes, please state the nature of the offence in a confidential envelope addressed to the HR Advisor

Do you have a driver's license? (Classes) Yes No

Declaration

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 disciplinary action up to and including summary dismissal.

I agree to complete a medical assessment by McKechnie Aluminium Solutions Ltd and I understand that my appointment will 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 of McKechnie Aluminium Solutions Ltd:

To seek information from past/present Employers/Referees with my prior approval

To the release of relevant information from ACC relating to any injury which may affect work performance or attendance of work

To organise a pre-employment medical check, illegal drug test and synthetic drug test subject to agreed Company policy and practice

Date Signature