



APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION:			
POSITION APPLIED FOR:			
Circle which applies	SURFACE	UNDERGROUND	
PERSONAL DETAILS			
SURNAME:			
GIVEN NAMES: Underline name used			
CONTACT ADDRESS:			
EMAIL ADDRESS:			
MOBILE NUMBER:		OTHER NUMBER:	
DATE OF BIRTH:			Must be aged 18+ to work on a NZ Mine Site
ETHNICITY:			
IWI:			
LEGAL WORK STATUS			
Are you legally entitled to work in New Zealand?	YES	NO	
A New Zealand Citizen	YES	NO	
A permanent resident	YES	NO	
A holder of a current work visa	YES	NO	
EDUCATION			
Name of secondary school attended:			
Qualifications (NCEA or equivalent) Subjects:			
Other Qualifications:			
Do you hold any trade qualifications? (i.e. Trade cert, Advanced Trade Cert. ETC)			
QUALIFICATIONS			
Do you have any other qualifications/certificates/licences/or attend any courses? (give details)			
Please describe the skills you hold which are relevant to the position applied for:			



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ADDITIONAL INFORMATION

Alton Drilling Ltd are proactive with training and upskilling staff please let us know if you need assistance with any of the following:

WRITING

READING

NUMERACY

To help us help you, tell us which way you find easiest to learn a new task by:

Demonstration

Verbal instruction

Listening & taking notes

Being actively involved

EMPLOYMENT HISTORY

Present or Most Recent Employer

COMPANY:

ADDRESS:

POSITION HELD:

MAIN DUTIES:

Number of hours worked per week:

LENGTH OF SERVICE:

REASON FOR LEAVING:

For the purposes of compliance with the Privacy Act 1993 do you consent to the company contacting your present employer?

YES

NO

Next Most Recent Employer

COMPANY:

ADDRESS:

POSITION HELD:

MAIN DUTIES:

Number of hours worked per week?

LENGTH OF SERVICE:

REASON FOR LEAVING:

Next Most Recent Employer

COMPANY:

ADDRESS:

POSITION HELD:

MAIN DUTIES:

Number of hours worked per week?

LENGTH OF SERVICE:

REASON FOR LEAVING:

Have you ever worked for this Company or an associated Company?

YES

NO

If yes which Company, location and when?

Do you have secondary employment?

YES

NO

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If YES please give details below:

COMPANY:	
ADDRESS:	
POSITION HELD:	
MAIN DUTIES:	
Number of hours worked per week?	

REFEREES

NAME:	
POSITION:	
ADDRESS:	
CONTACT NUMBER:	

Must provide at least two referees

NAME:	
POSITION:	
ADDRESS:	
CONTACT NUMBER:	

NAME:	
POSITION:	
ADDRESS:	
CONTACT NUMBER:	

If your application is successful when could you commence employment:

CONSENT

I Consent to the Company seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the Company for the purpose of ascertaining my suitability for the position for which I am applying. I understand that the information received by the Company is supplied in confidence as evaluative and will not be disclosed to me.

This is necessary for compliance with the Privacy Act 1993.

Applicant Signature:..... **Date:**.....

GENERAL

Are you prepared to work shifts if required to do so?	YES	NO
Have you worked shifts before?	YES	NO
Are you willing & confident working in remote and bush sites?	YES	NO
Are you a smoker?	YES	NO
Do you have any present criminal convictions?	YES	NO

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How long ago? (Not including any concealed under the Clean Slate Act)		
Have you been subject to Diversion ordered by the court?	YES	NO
Are you awaiting the hearing of charges in a civil or criminal court of law?	YES	NO
Are you prepared to handle all products, materials, or equipment used in the industry?	YES	NO
Do you hold a current New Zealand drivers licence?	YES	NO
Can you competently operate a Manual Vehicle?	YES	NO
If YES what class?		
Drivers Licence Number:		
Do you have a spouse, partner, or relative working here or elsewhere in the same industry?	YES	NO
If YES who?		
Where?		
MEDICAL		
If you are offered employment the offer may be subject to you obtaining a full medical clearance (by completion of a medical examination) to assess your fitness for the job for which you are applying.		
Do you consent to undergo a Medical Examination	YES	NO
Do you consent to any biological monitoring in accordance with the Health and Safety in Employment Act 1992 if applicable?	YES	NO
Do you consent to releasing the latest 90 days of your Medical & ACC records to our Medical Practitioner Team for review?	YES	NO
Do you have any health-related issues that may impact on your ability to perform the tasks of the position you are applying for? Please disclose all. (for example Hearing loss, Respiratory difficulties, back and/or any other sprains or weakness, Fear of enclosed places, Visual impairment, Epilepsy or Diabetes) If YES, please detail:		
PRIVACY ACT CONSENT		
Do you consent to the Company retaining the information contained in the application form for the purpose of considering your suitability for any other position which may arise with this Company in the future?	YES	NO
DECLARATION		
I(FULL NAME) declare that to the best of my knowledge the information provided in this application form and in my resume enclosed is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.		
Applicant Signature: Date:		
The completion of this Application form does not indicate that there is an obligation on the company to engage the applicant. This information is collected for the purpose of assessing your suitability for employment at Alton Drilling Limited which may include subsequent changes in employment with the Company. Completed Form must be submitted to the Human Resource Team or emailed to careers@altondrilling.nz		