

Wallace Corporation Employment Application Form Tanning Division

POSITION APPLIED FOR: _____

Location: _____ **Date:** _____

PERSONAL DETAILS:

Full Name:..... Title: Mr Mrs Ms Miss

Preferred Name:

Address:..... Phone No:

.....

..... Date of Birth:/...../.....

Do you have permanent residence in New Zealand, or authorisation to work in New Zealand?

Yes No If No, state details:
.....

Do you hold a current Drivers Licence? Yes No

If Yes, state type(s)

Do you have a spouse / partner or know of any person currently employed by the Company or working for a competing company?

Working for Wallace Corp. Yes No Working for a competitor Yes No
If Yes, state name, position, title If Yes, state name, position, title, company

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.....

Next of Kin / Emergency Contact:

..... Phone Number.....
..... Phone Number

EDUCATION: *(including certificates, further education etc)*

Name of School / College / Polytech etc Years Qualifications

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.....
.....

Trade / Professional Qualifications *(any original certificates attached will be returned)*

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.....

List work skills you have acquired in previous employment *(i.e. equipment you can operate etc)*

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.....

CONFIDENTIAL

EMPLOYMENT HISTORY:

Please describe your previous work experience.

Dates:	Name & Location Of Company	Type Of Business	Position Held:
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References / Referee's (supply at least two referee's, name and contact phone number):

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AUTHORITY:

I hereby authorise Wallace Corporation to collect such personal information about me from the named referee's as is necessary to assess my suitability for employment with Wallace Corporation, and I authorise the Wallace Corporation interviewer(s) to disclose such personal information as is necessary for the same purpose. I also authorise the named referee's holding such information about me to disclose that information to Wallace Corporation for the same purpose.

Signed:..... Date:.....

GENERAL INFORMATION:

Are you prepared to work nights and/or weekends?.....	Yes	No
Have you worked rosters before?.....	Yes	No
Are you prepared to work overtime and rostered days?.....	Yes	No
Are you prepared to work as and where directed?.....	Yes	No
Are you prepared to abide by the safety and work rules?.....	Yes	No

If successful in this application, how would you get to and from work?.....

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

Have you ever been convicted of any offences involving dishonesty or violence in the last five years? (or anything else which might affect your employment at Wallace Corporation) Yes No

If Yes, give brief details.....

.....
(Please note that a conviction will not automatically mean that your application is rejected. We need the information to protect our business and other employees).

Are you awaiting the hearing of charges in court? (except traffic offences) Yes No

If Yes, give brief details.....

.....

Do you have commitments at this time which may prevent you from attending your place of employment in the future (i.e. an overseas trip) Yes No

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If Yes, give brief details.....
.....

HEALTH:

Please note that these questions are asked in the interests of your health and safety, and to protect the company. Due to the nature of the work at Wallace Corporation, it is important to know if you suffer, or have suffered in the past, from any of the following;

- | | | |
|--|-----|----|
| * RSI (Repetitive Strain Injury)..... | Yes | No |
| * Back Injury..... | Yes | No |
| * Arthritis or Joint Problems..... | Yes | No |
| * Hearing Impediment..... | Yes | No |
| * Skin Complaints i.e. Dermatitis, Rashes..... | Yes | No |
| * Hernia..... | Yes | No |

Please list any other medical condition you have or have had in the past which may affect your ability to work for Wallace Corporation;

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Please list any medication you are using which may affect your ability to work safely;

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Is there any other reason why you may not be able to perform any of the essential functions of this job? Yes No

If Yes, state why;.....
.....

Do you require any special services or facilities in order to perform the duties of this position satisfactorily? Yes No

If Yes, state what;.....

Would the performance of your duties give rise to risk of harm to yourself or others?
i.e. do you have any contagious or communicable disease? Yes No

If Yes, state what;.....

Due to the nature of the working environment, and of some tasks, are you prepared to undergo a medical examination, if required by the Company as a pre-employment requisite?

Yes No

When did you last make a claim for Accident Compensation? Date;.....

Have you made ACC claims that were work-related?..... Yes No

Would you be prepared to provide details of your ACC history?..... Yes No

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DECLARATION:

In the event of a work-related accident occurring, I give my consent to Wallace Corporation being granted full access to all information held on my personal ACC Claim File. This access will allow Company Management Personnel to have full and open discussions with ACC Officers in connection with the accident, my rehabilitation and my ability to return to work.

By signing this declaration, I understand that I have given my authority for Wallace Corporation to sight and have access to information normally restricted under the Privacy Act 1993.

Signed:..... Date:.....

INTERESTS OUTSIDE WORK:

List your cultural, sporting and other interests;

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Membership of Voluntary Charity, Business, Professional or other organizations;
Name of Organization Office Held

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DECLARATION:

The Privacy Act 1993

The information, which you supply, on this application form is solely to assess your suitability for employment with Wallace Corporation.

Failure to complete all sections truthfully will render this application invalid, and should you have been successful in your application, can be grounds for dismissal.

The information will be held securely in Wallace Corporation Personnel files. No information will be disclosed to third parties without your authorisation, except as required by law. Information on an unsuccessful candidates will be destroyed after three (3) months

You have the right to view your personal information held by Wallace Corporation in the presence of a Manager and may request correction if necessary.

I hereby declare that I have read the above Privacy Act statement and I am aware of my rights under the Privacy Act 1993.

Signed:.....

Date:.....