



Te Aratika Drilling Ltd

Employment Application Form

Te Aratika Drilling Ltd



CONFIDENTIAL

Date of Application: _____

(To be completed personally by applicant)

Note: The completion of this form does not indicate that there is any obligation on the Company to engage the applicant.

Purpose: This information is collected for the purpose of assessing your suitability for employment with Te Aratika Drilling Ltd.

(hereinafter referred to as "the company")

PLEASE PRINT IN BLOCK LETTERS:

Position applied for: _____

PERSONAL DETAILS:

Surname _____

Given Names (underline name used): _____

Are you known by any other name(s)? _____

Give details: _____

Your contact Address: _____

TELEPHONE NO:

Home Phone _____ Other _____

BIRTH DETAILS: Date of Birth _____ Age _____

Place of Birth _____

RESIDENT STATUS:

- Are you a New Zealand Citizen? Yes No
If yes can you provide evidence if required? Yes No
- If no, do you have the right of permanent residence?
If No, do you have a work permit? Yes No
- _____
- Are you an assisted immigrant under bond to the government or any other employment?

- If yes, do you have the authority to accept other employment? Yes No



EDUCATION: Name of secondary school(s) attended: From - To

Qualifications (school certificate, university entrance – subjects)

OTHER QUALIFICATIONS

LANGUAGES: Can you speak any other language than English?

Yes No

If yes, what languages _____

APPRENTICESHIP: Do you have your apprenticeship papers?

Yes No

In what trade were you apprenticed? _____

What was the name and address of the employer? _____

QUALIFICATIONS: Do you have any other qualifications/certificates/licences or attended courses?

EMPLOYMENT HISTORY 1:

Company: _____

Address: _____

Job 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/previous employer for the purposes of reference checking? _____



EMPLOYMENT HISTORY 2:

Company: _____

Address: _____

Job Held: _____

Main Duties: _____

Number of hours worked per week: _____

Length of service: _____

Reason for leaving: _____

Give details of any other job, which may be relevant:

Have you ever worked for this company before? _____

Do you have secondary employment? _____

If yes, please give details _____

REFEREES

Give name, address and telephone numbers of at least two referees. (Preferably from where you have worked)

Name: _____

Position: _____

Address: _____

Phone No: _____

Name: _____

Position: _____

Address: _____

Phone No: _____

If the position is accepted when could you commence employment:

I consent to the Company seeking verbal or written information about me from my previous employers and/or referees and authorize that the company may use the information sought for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by the company is supplied in confidence as evaluative material and will not be disclosed to me.

If yes, 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 prepared to work overtime if required? Yes No

Have you been convicted of a criminal offence? 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 have a current licence? Yes No

If yes, what class? _____

Drivers Licence No: _____

Do you have any demerit points or endorsements? Yes No

If yes, please give detail _____

Do you have a spouse, partner, relative or household-member working here or elsewhere in the industry? Yes No

What transport arrangements do you have to attend your place of employment?

Are you a member of any territorial force unit? Yes No

If so, have you completed the whole time of training? Yes No

What are your interests/hobbies/sports/clubs or community activities?

MEDICAL: If you are offered employment the offer is subject to your obtaining a full medical clearance following the completion of our pre-employment medical.

Do you agree to undergo a medical examination? Yes No

Do you consent to any biological monitoring applicable to the Job? Yes No

Refer HASE Act.

Have you had an injury or medical condition caused by gradual process, disease or infection arising out of work that may be aggravated or further contributed to by the tasks of this job? Yes No

If yes, please give detail _____

Do you consent to the Company retaining the information contained in this application form for the purposes of considering your suitability for any other position, which may arise with this Company in the future?

Yes No

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DECLARATION: I _____(full name) declare that to the best of my knowledge the information in this application form and the information contained in any resume provided is 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 information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC. I further understand that any offer of employment if made is conditional on my obtaining a full medical clearance through the company's pre-employment medical.

Signed: _____

Date: _____