

Employment Application Form

The following application is to be completed personally by 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”.)

Note: The completion of this form does not indicate that there is any obligation on “the company” to engage the applicant in any work and/or employment.

Confidential document

Te Aratika Drilling Ltd

Te Aratika Drilling Ltd, Auckland, P.O. Box 256, Albany Village, North Shore City 0755, New Zealand
Tel: + 64 9 420 4726 Fax: + 64 9 420 4724 Email: info@tearatikadrilling.com Website: www.tearatikadrilling.com

PLEASE PRINT IN BLOCK LETTERS

Date of application: _____

Position applied for: _____

PERSONAL DETAILS

Surname: _____

Given Names: _____

Are you known by any other name(s)? Yes No

If yes, please give details: _____

Your contact Address:

No & Street: _____

Suburb: _____

City: _____

Postal Code: _____

Telephone No & Email:

Home: _____ Mobile: _____

Other: _____ Email: _____

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? Yes No

Do you have a work permit? Yes No

Can you provide evidence if required? Yes No

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Are you an assisted immigrant under bond to the government or any other employment? Yes No

If yes,

Do you have the authority to accept other employment? Yes No

LANGUAGES

Can you speak any other languages than English? Yes No

If yes, what language(s) _____

EDUCATION

Name of secondary school(s) attended: From – To:

Qualifications (School certificate, university entrance – subjects):

Can you provide evidence if required? Yes No

APPRENTICESHIP

Do you have your apprenticeship papers? Yes No

In what trade were you apprenticed? _____

What is the name and address of the employer?

QUALIFICATIONS

Do you have any other qualifications/certificates/licences or attended courses? Yes No

EMPLOYMENT HISTORY

For the purposes of compliance with the Privacy Act 1993 do you consent to the company contacting your present/previous employer(s) for the purposes of reference checking?

Yes No

One:

Company: _____
Address _____
Job Held: _____
Main Duties: _____
No. of hours worked per week: _____
Length of service: _____
Reason for leaving: _____
Contact: _____
Phone: _____

Two:

Company: _____
Address _____
Job Held: _____
Main Duties: _____
No. of hours worked per week: _____
Length of service: _____
Reason for leaving: _____
Contact: _____
Phone: _____

Have you ever worked for Te Aratika Drilling Ltd before?

Yes No

Do you have secondary employment?

Yes No

If yes, please give details:

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REFEREES

Please give the name, address and telephone numbers or **at least two** referees.
(Preferably from where you have worked.)

Name: _____
Position: _____
Address: _____
Telephone No: _____
Email: _____

Name: _____
Position: _____
Address: _____
Telephone No: _____
Email: _____

EMPLOYMENT

If the position is accepted, when could you commence employment?
Date: _____

I consent to the company seeking verbal and/or written information about me from my previous employer(s) 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 others not involved in this process.

Signature: _____ Date: _____

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MEDICAL

If you are offered employment, the employment is subject to you obtaining a full medical clearance from a doctor approved by Te Aratika Drilling Ltd, 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 application to the job? (Refer to the HSE Act 1992) Yes No

Have you had an injury or medial condition caused by a 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

Once employed it is the company's duty to monitor the health of all employees according to the HSE Act 1992 on a regular basis. Do you consent to the company to perform regular health checks?

Yes No

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 New Zealand drivers licence? Yes No

If yes, please list what class(es):

Drivers licence No.:

Do you have any demerit points or endorsements? Yes No

If yes, please give detail:

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Do you have a spouse, partner, relative or household-member working here or somewhere 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 yes, have you completed the whole time of training? Yes No

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

MARKETING

If employed, do you consent to the company using any media collated, including, but not limited to pictures, video footage or voice recordings of you for marketing, promotional, and/or public relations purposes? Yes No

If yes, please note that the company reserves the right to continue to use the media collected during your time of employment for marketing, promotional, and/or public relations purposes regardless of whether you are still employed with Te Aratika Drilling Ltd or not.
If you agree to the above marketing conditions, please sign and date below.

Signature: _____ Date: _____

DECLARATION

I _____(full name) declare that to the best of my knowledge the information in this application form and the information contained in any résumé (and supporting documents) is correct. 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 or 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.

By completing this Employee Application Form, I understand that I am giving permission for Te Aratika Drilling Ltd to store my application details and supporting documents/evidence in their records for future use. This includes consideration for future employment should my application not be successful.

Signature: _____ Date: _____