

DIRECT SERVICE SOLUTIONS LIMITED

APPLICATION FOR EMPLOYMENT

Position applied for:

Completion of this form does not indicate that there is any obligation on the company to engage the applicant. This application forms part of the condition of employment. It is therefore to be personally completed and signed by the applicant.

PERSONAL DETAILS

FULL NAME:

ADDRESS:
.....
.....

DAY Phone: CELL Phone:

NEXT OF KIN: PHONE:.....

LEGAL WORK STATUS

Are you legally entitled to work in New Zealand? Yes / No

DRIVERS LICENCE

Do you hold a valid Drivers Licence? Yes / No

Licence Number:

Expiry Date:

Class Held:

Manual / Automatic – Please circle one or both if you have experience

DRIVER HISTORY

Have you ever been refused vehicle insurance or had a policy cancelled or not renewed? Yes / No

In the past five years have you;

- 1. been involved in a motor accident? Yes / No
- 2. been convicted of a driving offence or issued with an offence or infringement notice including speeding? Yes / No
- 3. been disqualified from driving or had your licence endorsed cancelled or suspended? Yes / No

If any answer is "Yes" please attach full details on a separate piece of paper.

EDUCATION AND QUALIFICATIONS

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TRADE / OCCUPATIONAL QUALIFICATIONS

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Where appropriate you may be required to produce original qualification documents.

PREVIOUS WORK EXPERIENCE

Present or most recent employer

Company:

Address:

Position:

Main duties:

Part or fulltime: Length of employment

Reason for leaving:

Next most recent employer

Company:
Address:
Position:
Main duties:
Part or fulltime: Length of employment
Reason for leaving:

Next most recent employer

Company:
Address:
Position:
Main duties:
Part or fulltime: Length of employment
Reason for leaving:

REFERENCES

Please list below two referees you wish to nominate in support of this application (complete with their contact details).

Referees

Name:
Position:
Address:
Phone Number:

Name:
Position:
Address:
Phone Number:

Name:
Position:
Address:
Phone Number:

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 DSS 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 material and will not be disclosed to me.

Yes / No

If yes, Signature Date.....

HAVE YOU EVER HAD ANY CRIMINAL CONVICTIONS OR BEEN PLACED ON A DIVERSION SCHEME BY THE COURTS?

Yes / No

(If you answered 'YES' to this question please provide details below)

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Are you awaiting hearing of charges in a civil/criminal court of law Yes / No

HOW WOULD YOU DESCRIBE YOUR HEALTH AND FITNESS LEVEL?

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HAVE YOU ANY PREVIOUS OR EXISTING MEDICAL OR PHYSICAL CONDITION THAT WOULD PREVENT YOU FROM REASONABLY FULFILLING THE DUTIES OF THE POSITION APPLIED FOR?

(If the answer is 'YES' please give details)

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Do you know of anything that may affect your regular attendance at work?

Yes / No

(If the answer is 'YES' please give details)

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Do you agree to undergo a medical examination?

Yes / No

LIST ANY EXPERIENCE YOU MAY HAVE IN THE FOLLOWING AREAS:

Animal care and/or handling:

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Resolution of problems (conflict management)

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Law enforcement or regulatory work

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PERSONAL SKILLS/ATTRIBUTES

Please list any special skills or positive attributes you possess (e.g. do you speak any other languages?)

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SPORTS, HOBBIES AND FAVOURITE PASTIMES

Please list your favourite leisure time pursuits

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DRUG AND/OR EXCESS ALCOHOL USE

The company does not allow employees to use drugs or consume alcohol while on duty. Similarly an employee is not allowed to attend work while under the influence of either drugs or alcohol. Any of the above issues will be treated as serious misconduct and the employee may receive instant termination of employment. Please sign below that you fully understand the consequences of this behaviour.

Signed (Usual signature)

DECLARATION STATEMENT

I (full name) ,

declare that to the best of my knowledge the information provided in this application and in any resume enclosed is accurate, and I understand that if any false or misleading information is given, or any material fact is suppressed, I will not be employed, or if I am employed, my employment will be terminated. I also understand that any false 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 contingent upon the absence of any criminal record, as reported by the NZ Department of Courts.

Signed:

Date:

<p>FOR DSS Limited USE ONLY</p> <p>DRIVERS LICENCE SIGHTED AND CHECKED</p> <p>REFERENCE CHECK COMPLETE.....</p>
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