



Daiken NZ Limited Application for Employment

Thank you for your interest in working for Daiken NZ Limited. We pride ourselves on our high professional standards and thorough and fair recruitment process.

We would appreciate you spending the time to complete this form fully. The completion of this form does not indicate any obligation by Daiken NZ to engage you in employment.

If you proceed past an interview we may require reference, medical, drug and security checks (and in some cases financial). You need to ensure you sign the three declarations J, K & L.

A. Introduction

The information you provide in this application form will be used to help us assess your suitability for the position. You need to ensure that the information you provide is entirely accurate. The provision of false information may be grounds for dismissal if your application is successful.

All information you give us will be treated confidentially and kept secure. The information will only be released in accordance with the authorisations you provide to us in this form.

If your application is successful, this form will become part of Daiken NZ Limited personnel records. You are entitled to access the information upon request. If your application is unsuccessful, this information will be securely stored in our archives or returned to you.

Position Applied For

B. Personal Details

Surname

First Name(s)

Preferred

Address

Email

Telephone
(Day)

Telephone
(Evening)

Mobile

If your application is successful, when would you be able to commence employment OR what is your notice period?



C. General

Are you a citizen of New Zealand? Yes / No

If no, do you have the right of permanent residence? Yes / No

If no, do you have a work permit?
(Passport is required to be produced for verification) Yes / No

Do you have a spouse, partner, relative or household member working with Daiken NZ or a company associated with Daiken NZ? Yes / No

If yes, please give details:

Are you aware of any factors that would place you in a potential conflict of interest with Daiken NZ? Yes / No

If yes, please give details:

Have you previously been employed by Daiken NZ or a company associated with Daiken NZ? Yes / No

If yes, please give details:

Are you prepared to work as and when required by Daiken NZ in accordance with the terms of your employment contract?

Saturday? Yes / No Overtime? Yes / No

Sunday? Yes / No Shift Work? Yes / No

Public Holidays? Yes / No Rotating/Alternative Shifts? Yes / No

Do you have any commitments at this time that may make it difficult for you to work shift work, overtime or additional hours?
(eg territorial army training, community service, sporting, etc) Yes / No

If yes please give details:

What interests you about working for Daiken NZ?



D. Qualifications and Skills

Please do not complete this section if your application is accompanied by a CV that contains the information requested in this section.

Please list below your relevant qualifications and education:

Institution/School	Course/Qualification Gained

List the skills and experience (eg. computer skills, technical skills) you consider are relevant to the position you are applying for:

E. Licences

Do you have a valid licence to operate a vehicle(s) in New Zealand that is relevant to this application? Yes / No

If yes, please list the licence or licences below and attach a copy/copies:

Do you have any demerit points or endorsements relating to any of the licences listed above? Yes / No

If yes, please provide details in the space below:

F. Criminal Convictions*

* Please be aware that you are not obliged to declare certain offences which occurred more than 7 years ago under the Criminal Records Clean Slate Act 2004. If you have any doubts please seek legal advice before completing these questions.

Have you ever been convicted of an offence to which the Criminal Records (Clean Slate) Act 2004 does not apply? Yes / No

If yes please give complete and accurate details:

Do you have any criminal charges pending or under investigation? Yes / No

If yes please give complete and accurate details:



G. Employment History

Please do not complete this section if your application is accompanied by a CV that lists your previous employment. Please list all of your previous roles below (start with your last or present position and work backwards) and explain any gaps:

Previous Employer:

Position held:

From:

To:

Key duties/Responsibilities:

Reason for leaving:

Previous Employer:

Position held:

From:

To:

Key duties/Responsibilities:

Reason for leaving:

Previous Employer:

Position held:

From:

To:

Key duties/Responsibilities:

Reason for leaving:

Previous Employer:

Position held:

From:

To:

Key duties/Responsibilities:

Reason for leaving:



H. Referees

Please list 3 referees that Daiken NZ can contact to discuss you and your ability to perform the role:

Do you authorise Daiken NZ to contact your previous employer(s) to obtain references about you? Yes / No

Name	<input type="text"/>	Position Held/ Relationship	<input type="text"/>
Organisation	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		

Name	<input type="text"/>	Position Held/ Relationship	<input type="text"/>
Organisation	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		

Name	<input type="text"/>	Position Held/ Relationship	<input type="text"/>
Organisation	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		

I. Health & Safety

The Health & Safety in Employment Act requires Daiken NZ to identify hazards and to provide a safe place of work. A person’s physical state may pose a hazard for themselves and other staff, hence the reason for these questions:

Do you agree to undergo a pre employment medical examination? Yes / No

Have you had experience and exposure to hazards in an Industrial Work Environment? Yes / No

Have you had an injury and/or medical condition caused by gradual process, disease or infection - for example hearing loss, sensitivity to chemicals, repetitive strain injuries that may be aggravated or further contributed to by the tasks of the job applied for? Yes / No

If yes please give details:

J. Declaration

I certify that the information I have given on this application form is true and correct. I understand that if I have given incorrect or misleading information, or if I have left out any important information, I may not be considered for appointment, or if appointed, my employment may be terminated.

Applicant’s Full Name: _____

Applicant’s Signature: _____ Date: _____



Daiken NZ Limited **Drug & Alcohol Free Workplace Policy**

Daiken NZ is committed to creating a drug and alcohol free workplace to ensure the safety, health and well being of its people. This commitment:

- supports the Company values
- is part of the way we work
- achieves a safer and healthier workplace for our people.

Daiken NZ will support its employees in achieving this goal through the following initiatives:

Pre-employment Testing

Preferred candidates will undertake a pre-employment drug test in order to ensure that all practicable steps are taken to minimise potential or actual risk of harm to its employees, customers, contractors or visitors to the Company. The offer of employment will be forwarded to the candidate after due consideration of the drug test results.

Post-accident or Post-incident Testing

Employees may be requested to participate in a test for the presence of drugs and/or alcohol where they are involved in an accident, incident or 'near miss' which impacts (or potentially impacts) on the safety, health or well being of employees, contractors or visitors.

Reasonable Cause Testing

Employees may be requested to participate in a medical test where their actions, appearance, behaviour or conduct suggests that they may be under the influence of drugs and/or alcohol.

Rehabilitation

The Company offers its employees the opportunity to seek appropriate drug and/or alcohol rehabilitation.

Serious Misconduct

Employees observed taking, selling, transferring or being in the possession of drugs and/or consuming alcohol at work will be subject to disciplinary action which may result in termination of employment.

K. Declaration Pre-Employment Drug Testing

Consent to pre-employment drug test

I have had the opportunity to read Daiken NZ's Drug & Alcohol Free Workplace Policy and consent to undergoing a pre-employment drug test for the purposes described in the Policy.

Applicant's Full Name: _____

Applicant's Signature: _____ Date: _____



L. Privacy Declaration

Privacy statement and consent

Daiken NZ is committed to protecting the privacy of all the individuals it deals with. It is bound by the National Privacy Principles, as set out in the Privacy Act 1988, and other applicable privacy legislation. Where appropriate, CHH will handle your personal information relying on the related bodies corporate and employee exemptions in the Privacy Act and other applicable exemptions in other legislation.

In the course of conducting a pre-employment drug test CHH may collect personal information (including sensitive and health information such as the drug test results) from you or third parties.

We collect this information to ensure that all practicable steps are taken to minimise potential or actual risk or harm to Daiken's employees, customers, contractors or visitors and to assess your suitability for the position with Daiken for which you have applied. If we do not collect the personal information it will limit our ability to perform these tasks.

Generally, we will (unless otherwise required or authorised by law) only disclose your personal information to third parties for the purposes mentioned above or for related purposes. This may include disclosure to related companies of Daiken or insurers and statutory bodies (such as workers' compensation bodies).

You have certain rights to access personal information that Daiken hold about you under the Privacy Act and other applicable legislation. You can find out more about how to do this by contacting your HR Manager. In some cases we may impose a moderate charge for providing access.

Privacy Statement Consent

I agree that my personal information (including sensitive and health information) can be collected, used, transferred and disclosed by Daiken as contemplated by this Privacy Statement and Consent.

Applicant's Full Name: _____

Applicant's Signature: _____ Date: _____