



Robinson Construction Ltd  
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# APPLICATION FOR EMPLOYMENT

FULL NAME: \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

## NOTES:

- The Applicant must complete this document personally. Please print.
- The completion of this document does not indicate any obligation on the Employer to engage the Applicant.
- The Applicant may attach any other information to this document, which they consider is relevant (e.g. curriculum vitae, qualification certificates and the like).

## POSITION:

Position Applied For:

Available Start Date:

/ /

## PERSONAL DETAILS:

Surname:

First Name(s):

Any Other Name Known By:

Date of Birth: (optional)

/ /

Address:

Phone (Mobile):

Phone (After Hours):

Are you legally entitled to work in New Zealand:

Yes

No

## EMPLOYMENT HISTORY:

Do you agree that we may request written and verbal information about you from your previous employers or referees? Your current employer will not be contacted without your express consent.

Yes

No

### Present or Most Recent Employer:

Address:

Phone:

Fax:

Position Held:

Key Duties:

Reason for Leaving:

### Previous Employer:

Address:

Phone:

Fax:

Position Held:

Key Duties:

Reason for Leaving:

Can you use the following power tools proficiently?

• Skill saw	Yes	No
• Radial arm saw	Yes	No
• Air nail guns	Yes	No
• Electric drill	Yes	No
• Dyna drill	Yes	No
• Ramset gun (licenced)	Yes	No

## QUALIFICATIONS/EDUCATION:

Secondary Schools, Colleges, Universities attended	Years	Qualifications

Trade and Professional Qualifications <i>(show dates gained and courses passed)</i>	Date Gained
How many years have you spent continually in the Building Industry?	
Do you hold a current SiteSafe Construction Passport? YES / NO	Exp.
Do you hold a Comprehensive First Aid Certificate? YES / NO	Exp.

## REFEREES:

Please provide names, address and phone numbers of 2 referees, preferably from where you have worked before.

Name:

Address:

Phone:  Fax:

Name:

Address:

Phone:  Fax:

Do you consent to us contacting these referees? *(If No please explain below)*

Yes	No
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**GENERAL:**

Do you have a current drivers licence? <i>(If yes please detail below)</i>	Yes	No
Drivers Licence No: <input type="text"/>	Licence Types held <input type="text"/>	
Do you have any secondary employment? <i>(If yes please detail below)</i>	Yes	No
Have you been convicted of a criminal offence within the last 7 years or ever received any detention based sentence? <i>(If yes please detail below)</i>	Yes	No
<input type="text"/>		
Do you give consent for us to carry out a police check on you?	Yes	No

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**MEDICAL/HEALTH & SAFETY:**

Do you have any health problems or other disabilities, which might affect your ability to perform the job applied for? <i>(If yes please detail below)</i>	Yes	No	
Some identified injuries and medical conditions that may affect your ability to perform the job are listed below. <i>(Please tick the area if you have been affected by them and give details below)</i>			
Allergy or sensitivity to substances or chemicals <input type="checkbox"/>	Colour Blindness <input type="checkbox"/>	Vertigo <input type="checkbox"/>	Epilepsy <input type="checkbox"/>
Respiratory Problems <input type="checkbox"/>	Hearing difficulties <input type="checkbox"/>	Hernia <input type="checkbox"/>	Back Injury <input type="checkbox"/>
Occupational overuse syndrome (OOS) or Repetitive strain injury (RSI) <input type="checkbox"/>		Heart Complaints <input type="checkbox"/>	

Medical Details: 

Do you give consent for us to carry out a Health Monitoring program if we deem it necessary?	Yes	No
Do you give consent under the Privacy Act 1993, that we may contact your Medical Practitioner or the Accident Compensation Corporation, to enable us to verify your answers above, only insofar as the information is relevant to your ability to perform the work without sustaining further injury to yourself or exposing others to a risk of harm and retaining this information on file for the our exclusive use?	Yes	No
Do you give consent for us to carry out random drug testing during your work hours?	Yes	No

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**THIS APPLICATION:**

Do you consent under the Privacy Act 1993, for us to retain the above information on file for our exclusive use?	Yes	No
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**DECLARATION:**

I declare that to the best of my knowledge the answers I have given in this application are truthful and I understand that if any false or deliberately misleading information is given, or if any material fact is not disclosed then my application will not be accepted, or if I am employed before any false or deliberately misleading information or undisclosed material fact is discovered, I agree that my employment may be terminated immediately.

<b>Signed:</b> <input type="text"/>	<b>Date:</b> <input type="text"/>
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