

Application Form

SECTION 1 – PERSONAL INFORMATION



RAILWAY METRO NEW WORLD

CONFIDENTIAL

Employment

First name(s): _____ Family (Surname): _____

Address: _____

Telephone: _____ Mobile Number: _____

Date of Birth: _____ (if under 20)

Email address _____

SECTION 2 – EDUCATION

Name your most recently attended education institution: _____

What year did you last attend the above institution: _____

Do you have any other qualifications/certificate, or have you attended any courses relevant to the position??

SECTION 3 – PREFERRED DAYS OF WORK AND HOURS OF WORK

Please state your preferred Department and/or Position you are interested in: _____ Full Time / Part Time

Preferred Dept: 1. _____ 2. _____ 3. _____

Day	Start Times	Finish Times
MONDAY	_____ am/pm	_____ am/pm
TUESDAY	_____ am/pm	_____ am/pm
WEDNESDAY	_____ am/pm	_____ am/pm
THURSDAY	_____ am/pm	_____ am/pm
FRIDAY	_____ am/pm	_____ am/pm
SATURDAY	_____ am/pm	_____ am/pm
SUNDAY	_____ am/pm	_____ am/pm

Please note all Employees are required to work one day in the weekend

SECTION 4 – EMPLOYMENT HISTORY AND REFEREES

Have you previously been employed by Foodstuffs, New World, Pak'n Save, 4 Square , or in this industry? Yes: No:

Please list your most recent employer first.

Current Employer: _____ City: _____

Length of Employment: From ____/____/____ to ____/____/____ Position Held: _____

Nature of Work: _____

Reason for Leaving: _____

Name of Company: _____ City: _____

Length of Employment: From ____/____/____ to ____/____/____ Position Held: _____

Nature of Work: _____

Reason for Leaving: _____

Name of Company: _____ City: _____

Length of Employment: From ____/____/____ to ____/____/____ Position Held: _____

Nature of Work: _____

Reason for Leaving: _____

REFEREES (Please list 3 work related referees whom we may contact for a reference)

Referee Name: _____ Referee's Position: _____

Company Name: _____

Telephone: (0) _____ Mobile: _____

Referee Name: _____ Referee's Position: _____

Company Name: _____

Telephone: (0) _____ Mobile: _____

Referee Name: _____ Referee's Position: _____

Company Name: _____

Telephone: (0) _____ Mobile: _____

I hereby authorise the above referees and employers to provide written and verbal information about me in the form of personal and employment related references.

Applicant Signature: _____ Date: ____/____/____

SECTION 5 – IMMIGRATION

Are you legally entitled to work in New Zealand? (This means having New Zealand citizenship, permanent residence or a current work permit / Evidence will be required to be sighted if you are subsequently interviewed for a position)

Yes: No:

SECTION 6 – GENERAL

Are you a member of a territorial force unit or volunteer fire brigade? Yes: No:

Are you prepared to work extra hours? Yes: No:

Are you prepared to work shifts? Yes: No:

Are you prepared to work Public Holidays/School Holidays? Yes: No:

Would you have another job while working at Railway Metro New World? Yes: No:

At Railway Metro New World we require employees to perform alternative duties as and when required such changes in duties may be on either a temporary or permanent basis, would you be agreeable to this?

Yes: No:

If you are offered a job, when could you start? _____

SECTION 7 – OCCUPATIONAL HEALTH

All employment positions in this company involve 80% - 100% Visual and Hearing and 90% - 100% Physical Demands often and routinely. Your duties may involve any of the following; lifting (medium to heavy weights), standing for long hours, standing and walking on a concrete floor, turning, twisting, bending, stretching, working on/from ladders, very few job tasks involve working while seated.

Note: These duties may vary from time to time as needed to operate a successful business:

Do you suffer from any injury, ailment or condition which may effect your performance or regular attendance at work, or which may adversely affect the health and safety of yourself or others? Or are you presently receiving medical treatment, or under medication which may adversely affect your performance or regular attendance? If yes please give details

Have you ever suffered any back injury or back strain? Yes: No:

Have you ever suffered from any overuse injuries e.g RSI or OOS? Yes: No:

How many days absence due to sickness have you claimed in the last 12 months of employment?

0-2 3-5 6-10 11-15 16-20 over 20 days

Are you allergic to, or have sensitivity to any substances or chemicals? (For example, soap powders, flour dust, cleaning materials etc) If so, please give details

SECTION 8 – DECLARATION

I, (Job Applicants full name) _____ hereby declare that to the best of my knowledge, the answers I have given to all sections 1-8 of this Application for Employment Form are true and correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted for employment, or if I am employed, the Employer may justifiably dismiss me at any time on these grounds. I also understand that any false information given in Sections 7 Occupational Health Medical portion of this form, may result in my loss of entitlement for any form of employer-related compensation for injury or medical condition by gradual process injury, disease or infection that may be aggravated or contributed to by any tasks that I may be called upon to perform for the Employer.

Job Applicants Signature _____ Date: ____/____/____