

## DRILL FORCE NZ LTD EMPLOYMENT APPLICATION

**Please Note:** Should you object to any of the following questions you are not required to answer them.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Attach current passport size or larger photograph of yourself.

Home Phone No. ( \_\_\_ ) \_\_\_\_\_ Mobile Phone No. ( \_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Are you legally entitled to work in New Zealand? Yes / No Country of Birth: \_\_\_\_\_

**Drivers Licence:**

Please enter the class of licence that you current hold and circle the type of licence (as stated on your licence either by the colour of the licence e.g. green or denoted next to a specific class e.g. 4L).

Class	Type	Class	Type
	L / R / F / LL		L / R / F / LL
	L / R / F / LL		L / R / F / LL
	L / R / F / LL		L / R / F / LL

**Note:**

- L: Learner (blue licence)
- R: Restricted (yellow licence)
- F: Full (green licence)
- LL: Limited licence (pink licence)

Please indicate (by circling) any of the following endorsements that are indicated on your current licence:

D | F | P | R | T | W

Please state any Special Conditions that apply when driving: \_\_\_\_\_

\_\_\_\_\_

Do you have any demerit points? YES / NO Current number of points: \_\_\_\_\_

Have you had any criminal or driving convictions in the last 5 years? YES / NO If yes state date and details:

\_\_\_\_\_

Enclose a Photo Copy of your driver's licence (please provide an image of both sides of your licence):



Are you currently drug free? YES / NO *(All employees will be drug tested prior to commencement of employment)*

If required are you prepared to have a medical examination by a Doctor nominated by Drill Force NZ Ltd ? YES / NO

Have you ever had a claim on ACC? YES / NO If yes provide details, including date, type of injury, time incapacitated.

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Have you ever suffered back problems? YES / NO If yes provide details. \_\_\_\_\_

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Do you suffer from any hearing loss? YES / NO If yes provide details. \_\_\_\_\_

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Have you ever had your hearing tested? YES / NO If yes provide details. \_\_\_\_\_

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Do you have any medical problems that could effect your job? YES / NO If yes provide details.

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Are you prepared to work long hours including weekend work? YES / NO

Are you prepared to work on contracts away from home for long periods? YES / NO

EDUCATION/QUALIFICATIONS: \_\_\_\_\_

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EXPERIENCE/WORK EXPERIENCE: List previous employers, position held, and length of employment.

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HOBBIES/SPORTS/ACTIVITIES. \_\_\_\_\_

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If your application is successful, why do you consider you would like working for Drill Force NZ Ltd?

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Have you exercised your right not to answer all questions? YES / NO

I have personally completed this application for employment, and declare that the information I have provided in this application, (and/or resume) is correct. I understand that should I be successful in my application, falsification, deliberately misleading information or material suppression of relevant information will be grounds for instant dismissal.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_