

A. Personal

Position applied for

First Name(s) Last Name

Address

Telephone Nos. Daytime After Hours

B. Legal

Are you a NZ citizen or hold a current permit to work in NZ ? (please circle one)
 Do you hold a current drivers licence ? yes/no
yes/no

Driving License Number

Classes of licence and endorsements held

I agree to SICON checking my licence through LTSA electronic database yes/no

Have you ever been convicted of a criminal offence ? yes/no

Have you been convicted of any traffic offences during the last 5 years ? yes/no

Do you hold any demerit points for traffic offences ? yes/no

C. Health

A separate Health Questionnaire is appended to this form

D. Education

Secondary school attended: Years

Qualifications gained:

.....

.....

Tertiary education at: Years

Qualifications gained:

.....

.....

Other qualifications held: (e.g. First Aid, Horticulture, Spray Applicator etc)

.....

.....

.....

Key Training Courses attended:

Name of Course	Conducted By	Year
1.
2.
3.
4.

HEALTH QUESTIONNAIRE

Name _____

1 Do you suffer from any illness or disability? (please circle one)
yes/no

If yes, please give details:.....

.....

2 Do you take any medication? yes/no

If yes, please give details:.....

3 Are you being treated by any doctor for any illness that could possibly affect your ability to carry out the work in the job applied for? yes/no

If yes, please give details:.....

4 Do you suffer from any allergies (including insect stings and bites)? yes/no

If yes, please give details:.....

5 Have you had any accidents or injuries or had trouble with your:

- Back or neck yes/no
- Shoulders arms or hands yes/no
- Hips or leg joints yes/no

If yes, please give details:.....

6 Have you received any health monitoring during the last 5 years? yes/no

If yes, please give details:.....

7 Have you had any of the following:

- Loss of hearing yes/no
- Heart disease, high blood pressure yes/no
- Occupational Overuse Syndrome (or RSI) yes/no



If yes, please give details:.....

8 Have you suffered any industrial diseases, including exposure to chemicals, Asbestos etc? yes/no

If yes, please give details:.....

9 Have you made any ACC claim for injury or industrial disease? yes/no

If yes, please give details:.....

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- 10 Do you consent to have a pre-employment Medical Examination and Health Assessment, including drug testing?
(This is a condition of employment with SICON Ltd) yes

- 11 Do you consent to have regular health monitoring?
(this is a requirement of the Health and Safety in Employment Act and is a condition of employment with SICON Ltd) Yes

- 12 Do you consent to drug and/or alcohol testing following any incident and/or when management consider, with justifiable reasons, that you may be under the influence of drugs and/or alcohol. Yes

- 13 Are there any reasons why you are unable to wear the safety equipment/ protective clothing required for the job you have applied for? yes/no

If yes, please give details:.....

Declaration

I,, declare that the answers given above are, to the best of my belief and knowledge, true in every respect. If my employment with SICON Limited is confirmed, I consent to this form being retained on file by SICON Limited as a record of my health at the date of this form. I understand that the answers given above may be used to identify any health issues associated with accident investigations and redeployment.

Signed.....

Date