






Form 8.1A – 05	Operations Manual			Page 1 of 4		
	Approved by: Brett Beagley	Issue: 5	27/05/11			
<b>Form</b>	<b>Job Application Form</b>					

**A. Personal**

Position applied for .....

First Name(s) ..... Last Name .....

Address .....

Telephone Nos. Daytime ..... After Hours .....

Email address:.....

**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 )

.....

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Key Training Courses attended:

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

**E. Employment History**

Present Position Held ..... Since .....

Brief description of duties  
.....  
.....  
.....  
.....  
.....

(attach further details if desired)

Previous Position Held (1) ..... Years .....

Brief description of duties  
.....  
.....  
.....  
.....  
.....






Previous Position Held (2) ..... Years .....

Brief description of duties  
.....  
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.....  
.....  
.....

Previous Position Held (3) ..... Years .....

Brief description of duties  
.....  
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.....  
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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:.....

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

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

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