

**Porirua Autocrash Repairs Ltd.**

**Application for Employment**

(To be completed in applicants own handwriting)

**Personal Information Rights**

1. This statement relates to the information, which you are providing to Porirua Autocrash Repair Ltd.
2. Porirua Autocrash Repairs Ltd, will ensure that the information given will be stored securely and kept in confidence.
3. This information will not be disclosed to any person without your consent, other than required by law.

**Position applied for:** .....

**SECTION 1: Personal Information**

**First Name (s)** .....

**Surname** .....

**Address** .....  
**(Residential or mailing)** .....

**Home Telephone No.** .....

**Cell phone No.** .....

**Ethnicity** .....

**Date of Birth** .....

**IRD Number** .....

**Bank Account No.** .....

**KiwiSaver No.** .....

**Next of Kin** .....

**Relationship** .....

**Contact Telephone No.** .....

**SECTION 2: Educational and Professional Qualifications (please complete or attach CV)**

Name of Institution	Date	Qualification
.....	.....	.....

**SECTION 3: Employment Record (Please complete this section or attach CV)**

Employer	Length of Service	Position Held	Reason for Leaving
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**SECTION 4: Health and Medical**

Would you provide us with an ACC record from the Department? **YES/NO**

Have you ever had an injury that would affect your ability to carry out the duties assigned to you? **YES/NO**

If so what was that injury? .....

Do you now, or have you ever suffered from any of the following?

- Allergies **YES/NO** When? .....
- Asthma **YES/NO** When? .....
- Blackouts/Fits **YES/NO** When? .....
- Diabetes **YES/NO** When? .....

Are you taking any regular prescribed medication? **YES/NO**

If so what is that medication?.....

**SECTION 5: General**

Have you any criminal convictions **YES/NO**

If so what was that conviction? .....

May we make enquires of your previous employer? **YES/NO**

Will you provide us with the names and contact details of two referees? **YES/NO**

Name	Contact Details
.....	.....
.....	.....

I am available to commence work on .....

I ..... Certify that my replies to the above questions are true and correct to the best of my knowledge. I understand giving false information here could render me liable to instant dismissal. I understand, should I be offered this position, that my initial employment period would be on a trial basis and would be confirmed or otherwise within 12 weeks of commencement.

Name: ..... Signature: ..... Date: .....