

Application for Employment

Please return to: the HR Advisor, Fitzroy Yachts Limited

FITZROY YACHTS

NEW ZEALAND



Date:

Position Applying for:

Tel: + 64 6 769 9380 | Fax: + 64 6 769 9381

Fitzroy Yachts Limited, Ocean View Parade, Private Bag 2014

New Plymouth 4342, New Zealand | www.fitzroyyachts.com

Experience & Relevant Skills:

Section One: Personal Information

First Name:

Private Address:

Surname:

Home Ph:

Work Ph:

Work Address:

Mobile Ph:

Current Occupation:

Section Two: General

1. Please list any sport or hobbies you are involved with:

2. Are you involved in any community organisations?

Yes No

If yes, please give details:

3. Do you have any leadership experience?

Yes No

If yes, please give details:

4. Have you been employed by Fitzroy Yachts previously?

Yes No

If yes, please give details:

5. Are you legally permitted to work in New Zealand?

Yes No

If you were not born in New Zealand please state place of birth, and passport origin and No. and /or Visa/Permit No:



6. Are you available to work overtime? Yes No
7. Are you available to work shifts? Yes No
8. Are there any days of the week you are not available to work? Yes No

If yes, please state day(s):

9. Are you aware of any physical, mental or health conditions likely to affect the full performance of your duties, or that may be exacerbated or aggravated by the duties you may be required to perform? Yes No

If yes, please give details, medications, etc:

10. Are you willing to live and work outside the New Plymouth area, or overseas, if required? Yes No
11. Have you had any claims for compensation from ACC due to an accident in the last 5 years? Yes No

If yes, please give details:

- Do you give permission for Fitzroy Yachts to obtain further information relating to those accidents identified in (9) above from ACC? Yes No

Signature:

12. Have you ever been convicted of any criminal offence? Yes No

If yes, please give details:

13. Are you a member of any Territorial Force Unit? Yes No

14. Current drivers licences are: Car Forklift Heavy Traffic Bus Other

15. When would you be available to start work?

Please note that, for safety reasons, Fitzroy Yachts will conduct a pre-employment drugs test and reserves the right to have post-incident, reasonable ground, random and/or post rehab drug or alcohol testing. Refusal to participate or a positive test could affect employment.

Section Three: Education and Qualifications

Where a formal CV or Resume is attached that provides this information in full, there is no requirement to complete this section.

- Have you completed an apprenticeship? Yes No

If yes, in which trade?

With which company?

- Have you passed Trade Certificate or equivalent? Yes No

- Have you passed Advanced Trade Certificate or equivalent? Yes No

Give details of any further Education or Professional Activities:

Note: please provide copies of relevant qualifications as verification



Section Four: Employment History

Please **fully** complete the summary below, accounting for all periods, including unemployment, and attach any further information you consider relevant. Where a formal CV or Resume is attached that provides this information, there is no requirement to complete this section.

Name and Address of Employer	Position held	From (mth/yr)	To (mth/yr)	Reason for leaving

May we contact present/past employers for further information? Yes No

Please advise below, the full name, address, position, and phone number of any persons we may contact for a character reference.

Section Five: Declaration

I Declare that

the information stated on this application is true, complete and correct and I understand that prior to any appointment, I may be required to undergo a test to demonstrate my ability relevant to the qualifications I hold, and/or a medical assessment of my current state of health in relation to the position for which I have applied.

I agree that

- (a) any skill test or medical assessment prior to engagement will be conducted in my own personal time, with all other expenses relating to facilities, equipment, materials, and medical expenses to be at Fitzroy Yachts cost.
- (b) validation of any qualifications by New Zealand Qualifications Authority will be at my own cost.
- (c) Fitzroy Yachts can conduct a pre-employment drugs test and post-incident, reasonable grounds, random and/or post rehab drug or alcohol testing.

Signed:

Date:

Note: If this application is successful, a birth certificate or copy of passport will be required on engagement.



Pre Employment Medical Questionnaire

First Name: Surname:

Date of Birth: Position Applied for:

Do you currently suffer from any of the following, or have you in the past suffered from any of them?

High blood pressure Yes No

RSI or Overuse Syndrome Yes No

Back or neck pain or strain Yes No

Arthritis or Rheumatism Yes No

Eyesight Problems Yes No

Allergy (dusts, drugs, food, chemicals, etc) Yes No

Heart Problems of any kind Yes No

Diabetes Yes No

Joint or cartilage problems Yes No

Hepatitis A, B or C Yes No

Skin rashes or dermatitis Yes No

Asthma Yes No

Fear of heights Yes No

Epilepsy or fits Yes No

Fear of enclosed space Yes No

Colour Blindness Yes No



Have you ever had any injury that prevented you from working for more than one week or that required more than one week's medical treatment?

Yes No

Have you ever had illness or disease that prevented you from working for more than one week or that required more than one week's medical treatment?

Yes No

Have you ever been refused employment due to injury or illness?

Yes No

Do you have any physical, mental, or health conditions which may:
Affect your work performance or regular attendance?

Yes No

Be aggravated by the job you are applying for?

Yes No

Please comment on any questions to which you have answered 'Yes'

If employed by Fitzroy Yachts I agree to allow regular health screening and examination by Fitzroy Yachts Health Nurse, and medical examination by a Medical Practitioner nominated by Fitzroy Yachts including drug and alcohol testing.

I declare that the information provided in this questionnaire is, to the best of my knowledge, true and correct. I understand that false information given or material facts suppressed in this questionnaire may result in my dismissal and/or a rejection of a claim for sickness or accident compensation.

Signed:

Date:

