



## APPLICATION FORM

Date: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Name: \_\_\_\_\_  M /  F

First Name

Middle Names

Surname

Have you ever been known by any other name?

Yes /  No

If yes, my other name is \_\_\_\_\_

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

Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hourly Rate / Salary (Current) \_\_\_\_\_ Current Employer: \_\_\_\_\_

Expected Hourly / Salary \_\_\_\_\_ Notice required in current position: \_\_\_\_\_

**Wanted:**  Permanent  Temporary  Contract  
 Full Time  Part Time

**Current:**  Permanent  Temporary  Contract  
 Full Time  Part Time

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### Driver's Licence(s) – Please List

Include endorsements i.e w,t,r)

\_\_\_\_\_  
\_\_\_\_\_

Licence sighted  Initials \_\_\_\_\_

Own Transport  Yes /  No

Are you eligible to work in NZ?  Yes /  No

Interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Qualifications:

Technical / Trade Qualifications:

\_\_\_\_\_  
\_\_\_\_\_

Tertiary Qualifications:

\_\_\_\_\_  
\_\_\_\_\_

Certificates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Secondary Qualifications/Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Employment History (Most Recent Position First)

Please Note: DO NOT fill in if you have provided a copy of a current CV, which contains all the information requested below.

### **POSITION 1**

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Responsibilities/Duties:

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Reason for Leaving: \_\_\_\_\_ Remuneration: \_\_\_\_\_

### **POSITION 2**

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Responsibilities/Duties:

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Reasons for Leaving: \_\_\_\_\_ Remuneration: \_\_\_\_\_

### **POSITION 3**

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Responsibilities/Duties:

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Reason for Leaving: \_\_\_\_\_ Remuneration: \_\_\_\_\_

**Have you ever been dismissed by an employer?**

Yes /  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Work Related Referees**

(Please give name, position, address, telephone numbers, and e-mail for two work-related referees)

Referee 1: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Referee 2: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Referee 3: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL RECORD STATEMENT AND DECLARATION**  
Declaration of Criminal Record

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

Have you ever had a criminal conviction?  YES /  NO

If yes, please indicate conviction, date and penalty:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any pending criminal charges or have you conducted yourself in a manner which could result in criminal charges?  YES /  NO

If yes, please indicate charges, date and court hearing date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ (*print name*) solemnly declare that the information provided to G T Liddell Contracting Limited is a complete account of any criminal conviction or pending charges.

I understand that any misrepresentation of facts may result in the termination of my employment in the future.

**If you are offered employment with Liddell Contracting, the offer is made subject to a criminal conviction check which will be completed through the Ministry of Justice. Please note that this check will be completed in accordance with the Criminal Records (Clean Slate) Act 2004 and is conducted at Liddell's expense. A criminal conviction will not necessarily exclude you from being considered for the position.**

Do you consent to such a criminal conviction check being completed about you?  YES /  NO

If no, please give an explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Witnessed: \_\_\_\_\_ (*Signature*)

# HEALTH & SAFETY DECLARATION

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

**A pre-employment drugs test is a pre requisite to any applicant being employed by GT Liddell Contracting Ltd. If you refuse to submit a pre-employment drugs test, or your test is returned as positive to drug use, your application will be regarded as incomplete.**

**Do you agree to complete a pre-employment drugs test and understand the conditions of our pre-employment drugs testing??** YES/ NO

**Have you ever had or do you experience?**

Hepatitis B	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Asthma	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Hepatitis C	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Blackouts or Seizures	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Tuberculosis	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Diabetes	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Hearing Condition	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Hernia	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Visual Impairment	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Back Injury or Strain	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Contact Dermatitis	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Joint Injury	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Irritating Skin Conditions	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Soft Tissue Injury	<input type="checkbox"/> YES / <input type="checkbox"/> NO

Have you ever had or do you experience any stress-related illness YES / NO

Have you had or do you experience any physical or mental condition, which could be aggravated by stress? YES / NO

Are you allergic to, or have sensitivity to any substances or chemicals? YES / NO

Are you taking any prescription drugs or medicines? YES/NO

Do you use any recreational drugs? YES/NO

If ticked YES to any of the above questions, please give details \_\_\_\_\_

Have you ever suffered from Gradual Process Injury? YES / NO

(A Gradual Process Injury is an injury that comes on over a period of time, for example, Occupational Overuse Syndrome, Tendonitis, Occupational Asthma, RSI)

If YES to the above question, give details: \_\_\_\_\_

Have you made any claims for loss of earnings as a result of injury or incapacity? YES / NO

If YES to the above question, give details: \_\_\_\_\_

Do you have any other medical condition or disability, which may affect your ability to carry out work safely or which, may require special facilities to be provided to enable you to do so? YES / NO

If you have answered yes to any of the above questions relating to your medical history, please advise what effects or limitations there are as a consequence on your ability to carry out work safely \_\_\_\_\_

**Note:**

**DRUG TESTING AGREEMENT**

As part of our obligations under the Occupational Safety and Health Act we have a random drug testing procedure at GT Liddell Contracting Ltd.

In the event that you are offered a position at GT Liddell Contracting Ltd your Individual Employment Agreement will have details of this Drug testing policy which covers random testing and causation testing. The results of any drug test is confidential between the company and the employee but a positive drug test could involve disciplinary action or dismissal. All tests are undertaken by a qualified and independent drug testing service.

Testing is part of our commitment to a safe work environment, and by signing an Individual Employment Agreement you are agreeing to our drug testing policy.

**TORO CONSENT:**

GT Liddell Contracting Ltd (referred to below as 'we/us/our organisation') has elected to maintain its register by using the Land Transport NZ website [www.toro.landtransport.govt.nz](http://www.toro.landtransport.govt.nz) (TORO). The purpose of this form is to advise you of the information that Land Transport NZ will supply to us for the purpose of maintaining the register and of who will have access to that information, and to obtain your consent for Land Transport NZ to allow us to have access to your driver licence number and other information that is not publicly available from the Driver Licence Register, via the website.

*1 Release and use of personal information*

1.1 We must sight your original driver licence and take a copy of that licence.

1.2 We will use your name, date of birth, the driver licence number and version number from your driver licence by entering those details into TORO.

1.3 Information will be generated from the driver licence number, version number, name and date of birth (including licence status, endorsements and classes of licence held and their status, licence conditions – including those related to medical conditions that affect your ability to drive and any active – but not past – suspensions or disqualifications). We will use that information and information from your driver licence to maintain the register of drivers in our organisation.

1.4 We will receive notification automatically from Land Transport NZ, and will hold that information on our register, if any of the following changes to your licence occur:

- the licence status changes (if the licence class or endorsement is expired, suspended, disqualified or revoked)
- a Passenger endorsement is due to expire
- any new medical conditions are added to the licence, or existing medical conditions are changed
- a warning letter is issued because you have accrued 50 or more demerit points
- a suspension letter is issued because you have accrued 100 or more demerit points.

1.5 You are not obliged by law to give us all the personal information that will be retained on TORO, and you are not obliged by law to consent to us obtaining that information from Land Transport NZ. If you do not wish to provide your information for storage on TORO, please ask your manager for information about the alternatives (if any).

*2 Who can access information about you and for what purposes*

2.1 All information from your driver licence, as well as licence status, endorsements and classes of licence held and their status, licence conditions, demerit point information as specified in clause 1.4 and any active (but not past) suspensions or disqualifications will form part of the register maintained by our organisation and may be accessed and used by the following:

- our organisation
- Land Transport NZ (whether or not you consent)
- New Zealand Police (whether or not you consent).

Signature of authorised signatory of organisation      Signature of driver licence holder

13

Note that the information on TORO may be used by any of the above organisations for the following purposes:

- for use by our organisation to maintain our register of drivers and to seek driver information for our own business purposes

- for use by Land Transport NZ, including for auditing of our organisation and its licence holders to ensure compliance with legislation
- for use by Land Transport NZ and the New Zealand Police for ensuring compliance with legislation, and enforcement purposes in relation to our organisation and you.

2.2 For further information regarding TORO, please see the 'Terms of use' on the TORO website [www.toro.landtransport.govt.nz](http://www.toro.landtransport.govt.nz).

### 3 Holding, correcting and updating

3.1 Any personal information that you provide is collected and held by Land Transport NZ on the Driver Licence Register, and on TORO, on behalf of our organisation. Under the Privacy Act 1993, you have rights of access to and correction of information that Land Transport NZ or our organisation holds. Land Transport NZ offers the ability to correct or change the information collected at any time and as often as necessary. Land Transport NZ is obliged by s.199 of the Land Transport Act 1998 to keep certain personal information from the Driver Licence Register available on inquiry to members of the public. Should you wish to exercise these rights, please contact the Transport Registry Centre, Land Transport NZ, Private Bag 11999, Manawatu Mail Centre, Palmerston North 4442 (email [info@landtransport.govt.nz](mailto:info@landtransport.govt.nz)) or contact us.

3.2 If you have any queries regarding the information held about you on TORO, you may alternatively contact the Privacy Officer at Land Transport NZ, PO Box 5245, Dunedin 9058 (email [privacy@landtransport.govt.nz](mailto:privacy@landtransport.govt.nz)).

3.3 For information about the Privacy Act 1993, please visit the website of the Privacy Commissioner, [www.privacy.org.nz](http://www.privacy.org.nz).

## DECLARATION AND AUTHORISATION

1. **I CERTIFY** that all the information that I have provided to G T Liddell Contracting Ltd is true, accurate and complete.

2. **I UNDERSTAND** that all information provided about me to G T Liddell Contracting Ltd will be held by G T Liddell Contracting Ltd and used for the purpose of evaluating my qualifications, experience and suitability for permanent and/or temporary employment with G T Liddell Contracting Ltd.

3. **I AUTHORISE** G T Liddell Contracting Ltd to contact any person and seek further information from them, which may be relevant to my application for employment. Without limiting the generality of this authorisation, I authorise G T Liddell Contracting Ltd to obtain any information about me held by credit reference agencies where applicable to a particular position.

4. **I UNDERSTAND** that my employment may be terminated if, after investigation, G T Liddell Contracting Ltd discovers that any information which I have provided either in the application or in support of it, is false or misleading.

5. **I CERTIFY** that I have personally completed all sections of this application.  YES /  NO  
If no please advise who completed \_\_\_\_\_ relationship to applicant

I declare that I have understood the above information and all the information that I have provided to G T Liddell Contracting Limited is true, accurate and complete.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_