Application Form

rapid labels.

First Name _____ Surname _____

Email Address _____ Best Phone Number _____

Home Address

Position applying for _____

Your most recent position and workplace

How long have / did you work there? _____

Please list any / all qualifications / courses you have (eg. First Aid / Fork Hoist Drivers Licence etc)

Questions (tick Yes or No)	YES	NO
Ever been employed by Rapid Labels Limited before?	☐	☐
Are you happy for us to make enquiries with past/present employers?	☐	☐
Are you prepared to undertake a drug/alcohol test prior to being offered employment?	☐	☐
Are you happy for us to check your history with ACC?	☐	☐
Do you have any special Health & Safety needs?	☐	☐
Are you a New Zealand Citizen?	☐	☐
Have you had a prosecution against you in the past or pending?	☐	☐
Have you a full and valid New Zealand Drivers Licence?	☐	☐

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Medical – Have you had?	YES	NO	WHEN
Compensation for any injury	☐	☐	
Asthma	☐	☐	
Bronchitis	☐	☐	
Hernia	☐	☐	
Back injury or strain	☐	☐	
Injury to limbs	☐	☐	
Blackouts/fits of any kind	☐	☐	
Any Gradual Process Injury	☐	☐	
Have you had corrected vision?	☐	☐	
Do you have normal vision?	☐	☐	
Do you have normal colour vision?	☐	☐	
Are you taking drugs or medicine?	☐	☐	

Do you suffer from?	YES	NO
Earache, deafness etc	☐	☐
Dermatitis or Eczema	☐	☐
High blood pressure	☐	☐
Heart complaint	☐	☐
Diabetes	☐	☐
Sensitivity to chemicals	☐	☐
Any allergies	☐	☐
Other ailments or diseases:	☐	☐

Details:

Declaration

I, _____ *(full name)* delcare that to the best of my knowledge, that answers to the questions in this application are correct and I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed.

Date _____ Signature _____

Clear Form