Application Form

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 ____________________