

Referees

(Providing referee information below you are consenting to us making contact with them for a confidential assessment of your suitability to a position)

Name:		Phone:	
Company Name:		Email:	
Relationship to you:			

Name:		Phone:	
Company Name:		Email:	
Relationship to you:			

Name:		Phone:	
Company Name:		Email:	
Relationship to you:			

Education/Qualifications/Training

Name of school/college or training provider	Study Duration	Certificate/Qualification Obtained

General Information:

Are you legally entitled to work in New Zealand?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please select (tick): NZ Citizen <input type="checkbox"/>	NZ Resident <input type="checkbox"/>	Work Permit (Please provide expiry date)	
If a work visa, please indicate how long maximum you can work for one employer:			
Have you been convicted or charged with a criminal offence or have any pending charges?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide more details:			
Do you have any medical condition(s) or health issues, that may prevent you from being at work, may place yourself or others at risk, or prevent you from performing your duties in a safe manner at all times?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide more details:			

Do you have any injuries to your back, neck, spine, arms or legs that may affect your ability to perform your duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide more details:		
Have you ever suffered from Repetitive Strain Injury (RSI) or Occupational Overuse Syndrome(OOS)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide more details:		
Do you have any commitments that may prevent you from attending place of employment in the future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide more details:		
If your application is accepted, when could you commence employment?		
If your application is for a fixed term period, how long are you available for?		
If you are successful do you agree that the employer can check your previous claims history with ACC? (You will be required to complete a Pre-employment Check Form & provide ID).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration:

I declare that the information provided in this application is true, complete and correct. I understand that if I have provided false or misleading information that I may not be offered employment or, if employed I may be dismissed with immediate effect. I agree to notify JS Ewers Limited promptly with any supplied information changes. If I am employed this information will become part of my personnel file. If not employed this information will be held on file with JS Ewers Limited for a period of twelve months and then destroyed.

In order for JS Ewers Limited to assess my ability to complete all duties within a given position, I understand, and consent to pre employment screening which could involve any, or all, of the following; phone interview(s), face to face interview(s), medical check, credit check, drug and/or alcohol testing, referee checks, Ministry of Justice criminal check(s), on-site observations, group assessment(s) or psychometric testing.

Signature:	Print Name:	Date:

Please return completed form to jobs@jsewers.co.nz or 37 Blackbyre Road, RD1 Richmond, Nelson 7081