

## APPLICATION FOR EMPLOYMENT

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### PRIVATE & CONFIDENTIAL

The information collected in this form is for the purpose of assessing your suitability for employment by Combined Freightlines (2019) Limited. Please complete this form in your OWN handwriting.

Completion of this form does not indicate that there is any obligation on Combined Freightlines (2019) Limited to engage the applicant.

Return this form by email to [melissa@cfl2019.co.nz](mailto:melissa@cfl2019.co.nz)  
Alternatively you may deliver this form in an envelope to our office staff at [124 Mount Thomas Rd, Fernside, Rangiora](#)

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Position/s of Interest you are applying for:

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Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Have you been known by any other name? If yes please state in full:

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

Have you lived at any other NZ addresses in the last 10 years? If yes, please list all residential addresses in NZ in last 10 years below or on a separate page (required for police check purposes)

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

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Telephone number (landline): \_\_\_\_\_

Telephone number (mobile): \_\_\_\_\_

Email address: \_\_\_\_\_

Do you have reliable transport to get you to/from work?  Yes  No

### **Drivers Licence** Please also bring to your interview

Drivers licence number: \_\_\_\_\_ Version: \_\_\_\_\_

Licence classes: \_\_\_\_\_ Expiry: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Number of demerit points: \_\_\_\_\_

### **Technology (Drivers only)**

Are you proficient in operating a smart phone and have the ability to learn the use of new apps?  Yes  No

Do you also have the ability to access & read memos & other information forwarded to you by online apps?  Yes  No

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**Right to Work**

Are there any restrictions on you taking up employment in New Zealand?  Yes  No

*(If yes, please provide details)*

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**Criminal Convictions**

Do you consent to the release of a Criminal Record Check from the Ministry of Justice to Combined Freightlines (2019) Limited?  Yes  No

As you are applying for a position of trust, have you ever been **convicted** of a criminal offence, driving offence or are you currently awaiting the hearing of charges in civil or criminal court of law?  Yes  No

If yes, please give brief details:

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Please note any criminal convictions. In certain circumstances employment is dependent upon obtaining a satisfactory police vetting and/or criminal convictions check.

**State of Health & Medical Testing**

Do you have, or have you suffered from, a physical or mental impairment or condition which may affect your ability to perform the tasks of this position?  Yes  No

Have you suffered an injury or illness which may be aggravated or further contributed to by the tasks of this job?  Yes  No

If yes to either questions above please provide details:

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Have you had a work related personal injury within the last two years of your employment that has resulted in an ACC claim?  Yes  No

If yes, please provide details:

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Please indicate how many days absence you have had due to sickness (which is unrelated to disability) in your last 12 months employment: \_\_\_\_\_ Days

What is your vaccination status against Covid 19? \_\_\_\_\_

Combined Freightlines (2019) Ltd has a policy requiring employees to submit to a random and reasonable cause and/or post accident alcohol & drug testing in some circumstances. If you are employed do you consent to both random, reasonable cause and/or post accident alcohol & drug testing?

Yes  No

**Interests**

Community Groups/Clubs

Involvement: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

**Wages & working hours**

Why would you like to work for Combined Freightlines Ltd? \_\_\_\_\_

What is your current salary/wage? \_\_\_\_\_ What is your expected hourly rate? \_\_\_\_\_

Please indicate all days & hours of work you would be prepared to work? \_\_\_\_\_

(for planning position purposes, do not list hours you would be unhappy working within)

**Education history**

**(optional for applicants ages 30 years & over)**

Tick here if **ALL** the below education information is included in your provided resume

Schools: \_\_\_\_\_ Qualifications gained & year completed \_\_\_\_\_

Colleges/universities: \_\_\_\_\_ Qualifications gained & year completed \_\_\_\_\_

Other training: \_\_\_\_\_ Qualifications gained & year completed \_\_\_\_\_

Do you authorise Combined Freightlines (2019) Ltd to contact these education institutions to verify your stated qualifications or courses attended?

Yes  No



## Employment history

Tick here if **ALL** the information below is included in your provided resume   
(Please complete in full your most recent employment first and use a separate sheet if necessary)

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**1.** Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
Job title and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_  
If still employed, what is the notice period required in current role: \_\_\_\_\_

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**2.** Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
Job title and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

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**3.** Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
Job title and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

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**4.** Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
\_\_\_\_\_  
Job title and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### Other employment

Please note any other employment you would continue with if you were to be successful in obtaining this position.

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### References

Please give details of three referees who may be contacted. Preferably two work related referees and one personal referee.

1. Name: \_\_\_\_\_

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

Phone No: \_\_\_\_\_

Known in the capacity of: \_\_\_\_\_  
(i.e. Manager/Education)

2. Name: \_\_\_\_\_

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

Known in the capacity of: \_\_\_\_\_  
(i.e. Manager/Education)

3. Name: \_\_\_\_\_

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

Known in the capacity of: \_\_\_\_\_  
(i.e. Manager/Education)

### Declaration

(Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any false or misleading information will give my employer the right to terminate my employment without notice.
  2. I agree that the employer reserves the right to require me to undergo a medical examination. I understand that should the employer require further information and wish to contact my doctor with a view to obtaining a medical report, the employer will inform me of their intention and obtain my permission prior to contacting my doctor. In addition, I agree that this information will be retained on my personnel file during employment and for up to six years thereafter.
  3. I agree that should I be successful in this application, I will, if required, consent to a Police vetting check. I understand that should I fail to do so, or should the check not be to the satisfaction of my employer, any offer of employment may be withdrawn, or my employment terminated.
  4. I agree that should I be successful in this application, I will, if required, consent to a drivers check & ongoing TORO (Transport Organisation Register Online) checks monitoring the status of my drivers licence.
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Signed: \_\_\_\_\_

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

