

# PRE EMPLOYMENT QUESTIONNAIRE FORM

## CONFIDENTIAL

*To be completed personally by Applicant.*

Date of Application: .....

**Note:** The completion of this form does not indicate that there is any obligation on this Business to engage the applicant.

## PURPOSE

This information is collected for the purpose of assessing your suitability for employment at: ..... which may include subsequent changes in employment with the company. We wish to retain the information on file.

Permission granted / not granted. **(Strike one)**

***Please Print***

<b>Position applied for:</b>	
<b>Name: (Mr/Mrs/Miss/Ms) in block letters</b>	
Surname	
Given names (underline name used):	
Are you known by any other name(s):	Yes/No
Give details:	
Address (include suburb and town)	
Home phone number:	
Work phone number:	
Mobile:	
Email:	
Please state whether you are a New Zealand citizen, a permanent resident, or have a current work permit?	
If applicable, when does your work permit expire?	

**Education including University further education etc. where applicable)**

Name of secondary school(s)/Tertiary institutes attended	From	To

**Education (School Certificate, University Entrance)**

Subjects	Score

**Other qualifications**

Subjects	Score

Languages: Can you speak any language(s) other than English?	Yes/No
Language(s):	
Please describe the skills you hold which are relevant to the position applied for (e.g. for a typist – typing speed, word processing capability, shorthand capability, etc)	

**Employment History – Present or Most Recent Employer**

Company:	From	To
Address:		
Job Held:		
Main Duties:		
Number of hours worked per week:		
Required notice period:		
Reason for leaving:		

For the purposes of compliance with the Privacy Act 1993 do you **Yes/No** consent to the company contacting your present employer for the purposes of reference checking:

**Employment History**

From

To

Company:

Address:

Job Held:

Main Duties:

Number of hours worked per week:

Reason for leaving:

From

To

Company:

Address:

Job Held:

Main Duties:

Number of hours worked per week:

Reason for leaving:

From

To

Company:

Address:

Job Held:

Main Duties:

Number of hours worked per week:

Reason for leaving:

Give details of any other previous job that may be relevant:

Have you ever worked for this company before?:

Yes/No

If yes, where and when:

Do you have secondary employment/occupation (including as a contractor?)

Yes/No

If yes, where and when:

**Referees**

Give name, address and telephone numbers of at least two referees.  
(Preferably from where you have worked.)

**Name:**

<b>Company:</b>	
<b>Address:</b>	
<b>Phone No:</b>	
<b>Name:</b>	
<b>Company:</b>	
<b>Address:</b>	
<b>Phone No:</b>	

If your application is accepted when could you commence employment	
I consent to the company seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought, to be released.	Yes/No

## General

Are you prepared to work overtime if required?	Yes/No
Do you have a criminal record? (you should consider the effect of the Criminal Records (Clean Slate) Act before answering this question. You can obtain free information on this from the Ministry of Business Innovation and Employment 0800 209 020)	Yes/No
Are you awaiting the hearing of charges in a criminal court of law?	Yes/No
Do you consent to authorise a criminal record check?	Yes/No
Do you have a current drivers licence	Yes/No
If yes, what class?	
Drivers Licence number	
Do you have any demerit points or endorsements?	Yes/No
If yes, please detail:	
Do you consent to authorise the Company to check the status of your drivers licence?	Yes/No
What transport arrangements do you have to attend your place of employment?	
Are you a member of any territorial force unit?	Yes/No
If so, have you completed whole time training?	Yes/No
What are your interest/hobbies/sports/clubs or community activities?	

## Medical (\* delete where not specifically relevant to the role applied for)

*Do you smoke?	Yes/No
Do you agree to undergo a medical examination if required?	Yes/No
*Are you allergic to, or have any sensitivity to any substances or chemicals which you may be exposed to in this role?	Yes/No

*Do you require corrective lenses or contact lenses?	Yes/No
*Are you prepared to handle all products, materials or equipment used in this industry?	Yes/No
State any injury or condition you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for:	
Do you have any other known condition, which may affect your ability to safely and effectively carry out the functions and responsibilities of the position applied for?	Yes/No
If yes, please detail:	
Do you consent to drug testing as part of this application process?	Yes/No
*Have you ever had problems at work arising from personality clashes, your attitudes or behaviour, or conflicts with another staff member?	Yes/No
If yes, please explain:	
*Has your use of alcohol and/or drugs ever affected your work performance?	Yes/No
If yes, please explain	
*Have you ever had difficulties coping with deadlines, change or other stressful events in the workplace?	Yes/No
If yes, please explain:	
Is there any other information you believe is relevant to your application?	Yes/No
If yes, please explain:	

## **Trial Period**

<p>Are you prepared to consider negotiating a 90 Day Trial Period? Here are our standard clauses.</p> <p><i>The parties agree that this employment is subject to a 90 Day Trial Period, pursuant to section 67A and B of the Employment Relations Act 2000, starting when the Employee commences work. The Employee acknowledges that during this 90 Day Trial Period, the Employer may dismiss the Employee by giving one week of notice (or pay in lieu of notice) prior to the end of the 90 Day Trial Period and in the event of dismissal, that the Employee is not entitled to bring a personal grievance or other legal proceedings in respect of that dismissal.</i></p>	Yes/No
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## Privacy Information

Do you consent to the Company retaining this form for the purposes of considering your suitability for any other position, which may arise with this Company in the future? If you are successful in this application, this form will form part of your employment file.	Yes/No
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## Agreement to Demonstrate Skills

I agree that if requested to demonstrate my skills during the course of this selection process, such request does not constitute a job offer or the commencement of employment. I may decline the request but if I agree, I will not be entitled to payment.

## Declaration

I declare:

1. that my answers in this application are true and not misleading; and
2. that there is no further information that may be relevant that I have not told you about.

## I Acknowledge

1. that if you employ me you are relying on the truth and completeness of my answers and therefore;
2. that if I have not answered truthfully and completely, the Employer may have justification to terminate my employment without notice.

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

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

# Application for leave

<b>Name</b>	
<b>Type of leave</b>	<input type="checkbox"/> Annual <input type="checkbox"/> Sick <input type="checkbox"/> Lieu
<b>Number of days</b>	
<b>From</b>	
<b>To</b>	
<b>Signature</b>	
<b>Approval</b>	
<b>Date</b>	

# Overtime timesheet

Employee's name

Timesheet for week ending

Prefer time in lieu

Prefer overtime pay

	Overtime hours worked		Total overtime hours worked	Reason	Manager's initials
	From	To			
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



# Timesheet

Employee's name

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Timesheet for week ending

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	Time on duty		Hours worked	Overtime	Manager's initials	Remarks
	From	To				
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
<b>Total Hrs</b>						

# Expenses claim form

Name

Date

Description

Amount

Reimbursement Total

Please attach all receipts