

CONTRACTOR APPLICATION FORM

Site/Branch: _____ Position Applied For: _____

Press tab key to start and to move through the fields. Click on Press to Email Application button at the bottom to email

PERSONAL DETAILS

Full Name: _____

Surname

First Name

Middle Name(s)

What name are you known by currently? _____ Maiden Name: _____ Gender: Male Female

Are you or have you been known by any other name(s) Yes No If yes, please state names: _____

Address: _____ How long at this address _____

Town/City: _____ Post Code: _____ Ethnic Group: _____

Home Phone Number: _____ Mobile Phone Number: _____ Date of Birth / /

Email Address: _____

Previous Address: _____

Name of Next of Kin: _____ Contact Number: _____ Relationship: _____

Address, if different from above: _____

Are you legally able to work in New Zealand? Yes No New Zealand Citizen Permanent Resident Holder of a Work Permit

Do you hold a current NZ Drivers License? Yes No Full Restricted Do any special conditions apply? Yes No

Drivers License No: _____ Classes: _____ Date obtained: / /

Have you ever been disqualified from driving? Yes No Do you have any current demerit points against your license? Yes No

If 'Yes' to the above questions, please give details:

Emergency Contact: _____ Phone Number: _____ Relationship: _____

WORK HISTORY

Current Employer: _____

Contact Person: _____ Contact Number: _____

Current Position: _____ Dates of Employment: / / to / /

Reason for Leaving: _____

Do you object to enquiries with your current employer? Yes No

PREVIOUS WORK HISTORY

Name of Employer: _____

Contact Person: _____ Contact Number: _____

Address of Employment: _____

Position: _____ Dates of Employment: / / to / /

Reason for Leaving: _____

GENERAL

- | | | |
|---|-----|----|
| 1. Are you prepared to work rosters? | Yes | No |
| 2. Have you worked rosters before? | Yes | No |
| 3. Are you prepared to work overtime? | Yes | No |
| 4. Are you prepared to abide by Safety and Work Rules? | Yes | No |
| 5. Have you previously been employed by this Company? | Yes | No |
| 6. Are you prepared to handle all products, materials or equipment used in the industry including loading and unloading of any vehicle? | Yes | No |
| 7. Are you prepared to work as and where directed? | Yes | No |
| 8. Do you know any person currently employed by this Company? | Yes | No |

EDUCATION

Name of Secondary School(s) attended: _____ From / / to / /

_____ From / / to / /

Highest Qualifications gained: (e.g. School Certificate) Grade: _____ Year: _____

_____ Grade: _____ Year: _____

Name of Tertiary Institute(s) attended: _____ From / / to / /

_____ From / / to / /

_____ From / / to / /

_____ From / / to / /

Degree or Diploma/Course(s) taken: _____ Grade: _____ Year: _____

_____ Grade: _____ Year: _____

MEDICAL HISTORY

If yes, give details below

- | | | | | |
|--|----------|-----------|------------|--------------|
| 1. Do you have any medical conditions which may affect your ability to carry out the position applied for? | Yes | No | | |
| 2. Have you ever suffered any injury which resulted in you taking time off work? | Yes | No | | |
| 3. Have you ever made any claim to ACC of any injury, illness or condition? | Yes | No | | |
| 4. Do you wear spectacles or contact lenses? | Yes | No | | |
| 5. Do you smoke? | Yes | No | | |
| 6. Have you ever suffered back injury or strain? | Yes | No | | |
| 7. How many days absence claimed due to sickness? | 0-5 days | 6-10 days | 10-15 days | Over 16 days |

Have you suffered from any: **If yes, give details below**

- | | | |
|---------------------------|-----|----|
| Heart Complaints | Yes | No |
| High Blood Pressure | Yes | No |
| Asthma | Yes | No |
| Diabetes | Yes | No |
| Hearing Loss | Yes | No |
| Hernia | Yes | No |
| Dermatitis or Eczema | Yes | No |
| Blackouts, Fits, Seizures | Yes | No |
| Any other allergies | Yes | No |

If 'Yes' to any of the above questions, please give details:

Business related referee if possible, otherwise personal referees other than family members (at least two please) e.g: sports coach, club associations, minister etc.

Name: _____ Position: _____ Phone Number: _____ Company: _____

Name: _____ Position: _____ Phone Number: _____ Company: _____

Have you ever been convicted of a Criminal Offense including Traffic and Driving Offenses? Yes No

Do you have any outstanding charges? Yes No

Have you ever been involved with the Police? Yes No

If 'Yes' to any of the above questions, please give details:

How did you hear about Pace?

Friend Google Newspaper Trade Me
Other Courier Other (please specify)

INTEREST IN PACE

Why are you interested in becoming a contractor with Pace?

DECLARATION

1. I, _____ (print full name) declare that to the best of my knowledge, the answers to the questions in this application form 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.
2. I irrevocably authorise you or your agent to contact all my previous and current employers, including any employers that I have not nominated on this application. Information so gained, is supplied in confidence as evaluative material and will not be disclosed to me.
3. If the named referee is not authorised to speak on behalf of the Company, or not available, enquiries can be made with the manager or duly authorised person.
4. If required, inquiries may be made with the Accident Rehabilitation & Compensation Insurance Corporation (ACC).
5. As part of this application being actioned, a credit check will be done through BAYNET CRA LTD. In order for this credit check to be completed, I agree to provide my Date of Birth.
6. By completing this application you agree to your application being reviewed by Pace Couriers. You are entitled to seek access to the material held by Pace Couriers about you. However, the Privacy Act also allows us to refuse access in some circumstances. If you do not agree with the information held about you by Pace Couriers you may ask that it is corrected.
7. I have read and fully understand this declaration.

Applicant's Name: _____ Date: / /
(by printing your name above and emailing you are authorising Pace to conduct the above checks)

Application reviewed and authorised for screening by manager.

Manager's signature: _____ Date: / /

Or mail to:

Pace Contractor Jobs
PO Box 8561
Symonds Street
Auckland 1010