



**Application for Employment**

Date of Application: \_\_\_\_\_

**Personal Information**

Full Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

**Position Sought:** \_\_\_\_\_ **Available Start Date:** \_\_\_\_\_

Fulltime/part time: \_\_\_\_\_ How many years' experience: \_\_\_\_\_

Desired hourly pay rate: \_\_\_\_\_ Currently Employed (y/n): \_\_\_\_\_

**Are you a New Zealand Citizen (y/n):** \_\_\_\_\_

If not do you have permanent residency in NZ (y/n): \_\_\_\_\_ Please provide evidence with this form

Do you have a permit or visa to work in NZ: \_\_\_\_\_ Please provide a copy with this form

**Have you ever been convicted of a crime (y/n):** \_\_\_\_\_

Please explain nature of offences and dates:

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

**Current Driver License (y/n):** \_\_\_\_\_

Please supply a copy of your current driver's license.

**Would you consent to undergo a drug test for illegal substances prior to employment (y/n):** \_\_\_\_\_

**Are you fully mobile (y/n):** \_\_\_\_\_

In regards to health and Safety the successful applicant needs to be fully mobile to access work sites and carry out the job which will include lifting and carrying equipment. Please outline any

**Education/Qualifications**

Please give a brief outline of your education, including current qualifications and date completed.  
(Please supply copies of current qualifications e.g. first aid, forklift, welding tickets, etc)

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Please list your areas of strength, special skills or other information that may contribute to your abilities in performing the above position.

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**Previous Employment**

Dates Employed	Company Name	Location	Role/Title

Task performed and reason for leaving:

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Can we contact this employer (y/n):

Dates Employed	Company Name	Location	Role/Title

Task performed and reason for leaving:

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Can we contact this employer (y/n):

Dates Employed	Company Name	Location	Role/Title

Task performed and reason for leaving:

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Can we contact this employer (y/n):

Dates Employed	Company Name	Location	Role/Title

Task performed and reason for leaving:

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Can we contact this employer (y/n):

Please list two references that can be contacted (not family members):

Name	Position	Company	Phone

Name	Position	Company	Phone

I agree that the information I have provided is correct and I am happy for the above references to be contacted by Mach3 Industries (2007) Ltd.

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

**Date:** \_\_\_\_\_

Please complete all questions on this application form Please also attach a copy of your driver's license and any relevant qualifications.

Forms can be hand delivered, faxed or emailed.

Mach3 Industries (2007) Ltd  
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 PO Box 11014  
 Sockburn  
 Christchurch  
 Ph: 341 7311  
 Fax: 3417310  
 Email: [anna@mach3.co.nz](mailto:anna@mach3.co.nz)  
 Attention Anna