



THE NEW ZEALAND SOCK COMPANY LTD
EMPLOYMENT APPLICATION

Date:.....

Please print

POSITION Applied for: .....

Hours Preferred:.....

Days of work Preferred: Please Circle: Mon Tue Wed Thur Frid Sat Sun

Shift Preferred: Day Night Morning Afternoon

Name: Mr Mrs Miss Ms

Given Names:.....

(Please underline name used).....

Are you known by any other names:.....

Give details:

Home address, Number & Street:.....

Suburb/Town:.....

Home Phone Number:.....Mobile Number.....

Work Phone Number:.....

Where & what time is best to contact you:.....

What phone number is best to contact you on:.....

E mail address:.....

Emergency Contact:.....

Place and date of Birth (Town/Country):.....

Current Visa or Work Permits: Please attach a copy:.....

CV or Reference available: Attach your CV and at least 2 References and 2 Referees are required. Tick:

CV attached: YES NO 2 References attached: YES NO Referees Noted: YES NO

How many weeks/days notice are you required to give in your current position:

.....

Your employment with the company may be subject to you obtaining a security clearance to our satisfaction / obtaining and maintaining the right to lawfully work in New Zealand pursuant to the Immigration Act 1987.

WORK HISTORY

Please note previous 5 years employment history and duties involved in such roles.

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**GENERAL**

- 1. Are you prepared to work overtime if required? YES NO
- 2. Are you prepared to work weekend days? YES NO
- 3. Are you prepared to work night shift or alternative shift hours? YES NO  
If no detail what hours you are looking for.....
- 4. Have you been convicted of a criminal offence? YES NO
- 5. Are you awaiting the hearing of charges in a civil or criminal court of law? YES NO
- 6. Have you ever been on diversion? YES NO
- 7. Are you prepared to handle all products, materials or equipment used in this industry? YES NO
- 8. Do you have a current NZ Drivers licence? YES NO
- 9. If yes what class? .....
- 10. Do you have any demerit points or endorsements? YES NO
- 11. If yes, please detail: .....
- 12. What transport arrangements do you have to attend your place of employment?  
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- 13. What are your interests/hobbies/sports/clubs or community activities?  
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**MEDICAL**

- Do you smoke? YES NO
- Are you allergic to, or have any sensitivity to any substances or chemicals? YES NO
- Do you have corrective lenses? YES NO
- Have you ever suffered from a back injury requiring time off work? YES NO
- Do you consent to undertake a drug test as part of a pre - employment health check? YES NO
- Have you had any ACC injury's in the last 5 years or recurring injury which could affect your performance and ability to function in this position being applied for within our company? YES NO
- If Yes, where were you on ACC?.....

Please State any injury, illness or medical condition you have suffered or are currently being treated for that may affect your ability to effectively carry out the function and responsibilities of the position applied for?  
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Please list any medications you are currently taking which could prevent you effectively carrying out the function and responsibilities of the position applied for?  
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Do you have any other known condition which you would like to disclose?  
If yes please detail .....

.....

In your past employment have you ever been exposed to?

Noise	YES	NO
Asbestos	YES	NO
Heavy Metals	YES	NO
Solvents	YES	NO
Skin Irritants	YES	NO
Infectious material	YES	NO
Heavy Lifting	YES	NO

Is there any reason ie. Booked holiday / surgery / Jury Service etc that would prevent you being available for work (even one day/night) during the next six months. YES NO

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If yes please detail.....

Do you consent to the company retaining the information contained in this form for the purposes of considering your suitability for any other position, which may arise with this company in the future?

YES NO

**DECLARATION**

I am satisfied that all of the above information is true and correct

I give **NZ Sock permission** to phone my present or past employers to gain a verbal reference.

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

A process of applying for employment with N Z Sock Ltd may include undergoing a pre-employment workplace observation to evaluate your suitability to perform the intended role. This observation period, of up to 2 hours is to help assess an appropriate 'fit' of us with you and you with us. Please be aware this is not an employment trial and your time during this observation will be unpaid. In order for us to continue with your application and to take part in the practice of an observation, we will require your understanding and agreement to this process. If you wish to discuss or gain a greater understanding or explanation of this procedure please contact me on ( 03 3086144 )

I, ..... (full name) declare that I agree to undergo a work place observation in order to ascertain my suitability for the role I have applied for. I understand that by taking part in this observation I am under no guarantee to be offered employment. I understand that my time taking part in this observation will be unpaid, and if I was to be successful in my application and gain employment within N Z Sock Ltd, this observation time pre-employment will not be back paid and that any offered employment will be subject to a separate post-employment 90 day trial period.

Date:

***The information being collected on this form is confidential and will not be viewed or used by any 3<sup>rd</sup> party.***

**PLEASE ATTACH WITH THIS APPLICATION:**

1. Copy of recent C.V
2. Copy of recent References- must not be more than 10 years old
3. Contact details for at least 2 referees
4. Copy of any relevant work permits or visas
5. Copy of passport details if not a NZ citizen
6. Copy of any qualifications certificates

**POST BACK TO:**

THE NEW ZEALAND SOCK COMPANY LTD  
P O BOX 179  
ASHBURTON  
ATT: GENERAL MANAGER

**COURIER OR DROP OFF AT:**

THE NEW ZEALAND SOCK COMPANY LTD  
8 KERMODE STREET  
ASHBURTON  
ATT: GENERAL MANAGER