



In order to enable the Company to evaluate your application for employment and to meet the requirements of the Health & Safety at Work Act 2015 and Accident Insurance Act, please provide the following information.

You will be requested to undergo a drug test and medical examination by a registered medical practitioner, prior to a confirmed appointment to any position.

This is an application only and the Company is **not obliged** to employ based on this information.

**Personal Details:**

Name:			
Address:			
Contact Phone No:		After Hours:	
Date of Birth:		NZQA Student Number:	
1 <sup>st</sup> Aid Cert Expiry:		Forest Modules:	
Driver Licence No:		Expiry Date:	
Classes:		Endorsements:	

**Work Experience and Driving Performance:**

Past driving experience relative to the position being applied for:	Yrs	Mths
Employment record (last 5 years)		
Job Description:	Employer	Time
References:		
In the past 5 years, has your driving licence at any time been cancelled or suspended?	Yes	No



If <b>yes</b> please give details:

Have you incurred any speeding fines or other traffic infringements in the past 3 years?	Yes	No
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If <b>yes</b> please give details:

**NUMBER OF CURRENT ACCUMULATED DEMERIT POINTS:**

Have you been involved In any vehicle crashes in the past 3 years?	Yes	No
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If <b>yes</b> please give details:

Have you ever been disqualified from driving due to alcohol or drug-related offences?	Yes	No
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If <b>yes</b> please give details:

Have you ever had any criminal convictions?	Yes	No
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If <b>yes</b> please give details:

Do you have any NZQA or Forestry unit standards?	Yes	No
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If <b>yes</b> please give details:

Have you completed any other training programmes relevant to the driving position?	Yes	No
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If <b>yes</b> please give details:



**Health and Wellness:**

Do you have, or have you had any physical medical conditions which may affect you in the performance of any of the essential functions and responsibilities of the position you are applying for (e.g. vision impairment, heart disease, epilepsy, back injury or strain etc)?	Yes	No
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If **yes** please give details and prescribed medication:


For the purposes of gathering information in respect of the Company's accident insurance cover, please set out the injuries or medical conditions, including gradual process injury, disease or infection (work related or otherwise) **for which you have received ACC, workers compensation or insurance cover** for in the last 6 years:


Are you currently affected by any mental health issues such as depression, anxiety, addiction, anger issues? If yes, please give details below:

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Issue currently affected with:

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Medication / Treatments:

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Current state of mental health:




I understand that this personal information will be treated by the Company as confidential. I also understand that I have the right to access the personal information and request corrections of any inaccuracies.

**I understand that in accordance with Loadco Limited's company Health and Safety Policy I will be expected to undergo a pre-employment drug test and medical examination.**

I declare that to the best of my knowledge, the answers to the questions in this application are correct. I am fully aware that the Company is acting in reliance on this information both prior to and during my employment for the purposes on its obligations under the Accident Insurance Act 1998, and that I undertake that the information provided above is not false, misleading or any material fact suppressed and that any false information given could be grounds for dismissal.

Applicants Signature	Date
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