

REGISTRATION FORM



Type of employment you seek:	Temping <input type="checkbox"/>	Permanent <input type="checkbox"/>	Part-time <input type="checkbox"/>	Full-time <input type="checkbox"/>
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APPLICANT INFORMATION

Surname:		Given Names:		
Street Address:				
Phone (Home):		Phone (Work):		Cell Phone:
E-mail Address:			Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Height:		Marital Status:		Current Health Status:
Do you have any disabilities that would affect your work? YES <input type="checkbox"/> NO <input type="checkbox"/>		Details:		Do you smoke? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a citizen of New Zealand? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorised to work in New Zealand? YES <input type="checkbox"/> NO <input type="checkbox"/>		

EMPLOYMENT SORT

Position Seeking:		Days Available: MON TUE WED THU FRI SAT SUN		
Hours Available:		If you are seeking labouring employment do you have steel cap boots? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you hold a current NZ drivers Licence? YES <input type="checkbox"/> NO <input type="checkbox"/>		List Licences:		
Have you any convictions? YES <input type="checkbox"/> NO <input type="checkbox"/>		Details:		
Have you ever appeared before the courts? YES <input type="checkbox"/> NO <input type="checkbox"/>		Details:		
Have you got any court cases pending? YES <input type="checkbox"/> NO <input type="checkbox"/>		Details:		

EDUCATION

High School:		
From	To	Highest Qualification:
Further Training:		
From	To	Qualification Obtained:
Technical/Trade Qualifications:		
From	To	Qualification Obtained:

EMPLOYMENT HISTORY

Company:	Job Title:	From:	To:
Duties & Responsibilities:			
Company:	Job Title:	From:	To:
Duties & Responsibilities:			
Company:	Job Title:	From:	To:
Duties & Responsibilities:			

REFERENCES *(please list two referees)*

Full Name:	Relationship:
Company:	Phone: ()
Full Name:	Relationship:
Company:	Phone: ()

DISCLAIMER AND SIGNATURE

I declare the details I have provided are a true and accurate record.

I understand that my employment may be terminated if, after investigation, an employer discovers that any information which I have provided, or which has been provided about me is false or misleading.

Signature	Date
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HEALTH AND SAFETY DECLARATION

Name:

HAVE YOU HAD OR DO YOU SUFFER FROM:

Hepatitis	YES <input type="checkbox"/> NO <input type="checkbox"/>	Hepatitis C	YES <input type="checkbox"/> NO <input type="checkbox"/>
Tuberculosis	YES <input type="checkbox"/> NO <input type="checkbox"/>	Hearing Conditions	YES <input type="checkbox"/> NO <input type="checkbox"/>
Asthma	YES <input type="checkbox"/> NO <input type="checkbox"/>	Visual Impairment	YES <input type="checkbox"/> NO <input type="checkbox"/>
Blackout or Seizures	YES <input type="checkbox"/> NO <input type="checkbox"/>	Dermatitis	YES <input type="checkbox"/> NO <input type="checkbox"/>
Diabetes	YES <input type="checkbox"/> NO <input type="checkbox"/>	Irritating Skin Condition	YES <input type="checkbox"/> NO <input type="checkbox"/>
Hernia	YES <input type="checkbox"/> NO <input type="checkbox"/>	Back Injury or Strain	YES <input type="checkbox"/> NO <input type="checkbox"/>
Joint Injury	YES <input type="checkbox"/> NO <input type="checkbox"/>	Allergies	YES <input type="checkbox"/> NO <input type="checkbox"/>

HAVE YOU SUFFERED FROM ANY OF THE FOLLOWING GRADUAL PROCESS INJURIES?

Occupational Overuse Syndrome	YES <input type="checkbox"/> NO <input type="checkbox"/>	Tendonitis	YES <input type="checkbox"/> NO <input type="checkbox"/>
Occupational Asthma	YES <input type="checkbox"/> NO <input type="checkbox"/>	Other – details:	

MEDICATION

Are you presently taking drugs or medicine?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE GIVE DETAILS

PLEASE NOTE THAT AS A RECRUITMENTS TEMP YOU MAY BE REQUIRED TO HAVE A MEDICAL EXAMINATION BY A COMPANY GP WHICH INCLUDES A DRUGS TEST

Please note: Section (76) of the Accident Rehabilitation and Compensation Insurance Act 1992 states that you may not be entitled to compensation if you represent that you have not suffered from a Gradual Process Injury or from a specific condition likely to materially contribute to personal injury caused by gradual process, disease or infection arising out of and in the course of employment, knowing that representation to be untrue.

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Signature	Date
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DECLARATION AND AUTHORISATION



1. I certify that all information I have provided to you is true, accurate and complete
2. I understand that all information provided about me to you will be held by and used for the purpose for evaluating my qualifications, experience and suitability for permanent and/or temporary employment with you or with any other employer.
3. I authorise you to contact any person and seek further information from them which may be relevant to my application for employment. Without limiting the generality of this authorisation, I authorise you to obtain any information about me held by credit reference agencies.
4. I authorise you to disclose information which you hold about me to any potential employer and also to other recruitment consultancies which are members of the National Association of Personnel Consultancies (NAPC). Information will only be provided to other members of NAPC if I have made an application for employment with or through them, or in the event that you discover that I have provided you with information that is false or misleading.
5. I understand that if I, or any other person, withholds relevant information about me, my application may not be further considered. I also understand that my employment may be terminated if, after investigation, an employer discovers that any information which I have provided, or which has been provided about me is false or misleading.
6. I authorise you to retain any information about me until I advise you that I no longer wish to seek employment opportunities through you and that I wish you to delete or destroy that information. I understand that you might retain non-active information about me on your computer system, unless I request you to destroy that information. I understand that all payroll information will be retained for the statutory period of at least seven years.

SIGNED BY

SIGNED BY

(Candidate's Signature)

(Consultants Signature)

DATE

DATE

Recruitments will take reasonable precautions in accordance with the Privacy Act 1993 to safeguard your personal information against loss, misuse or unauthorised use or disclosure. Personal information held by Recruitments about you can be accessed by you, and you have the right to request correction of that information with the Privacy Act 1993