

## CONTRACTOR APPLICATION FORM

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: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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:

### 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: \_\_\_\_\_

## 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:		
_____						

## GENERAL

- |   |     |    |
|---|-----|----|
| 1. Are you prepared to abide by Safety and Wellbeing Rules?   | Yes | No |
| 2. Have you previously been employed by/or contracted to CourierPost?   | Yes | No |
| 3. Are you prepared to handle all products, materials or equipment used in the industry including loading and unloading of any vehicle? | Yes | No |
| 4. Are you prepared to work as and where directed?  | Yes | No |
| 5. Do you know any person currently employed by/or contracted to CourierPost?   | Yes | No |
| 6. Are you prepared to undergo a Drug and Alcohol test?   | Yes | No |
| 7. Do you wear spectacles or contact lenses?  | Yes | No |
| 8. Do you smoke?  | Yes | No |

## 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 from any overuse injuries?, e.g: RSI, OOS  | Yes      | No        |            |              |
| 3. Are you taking any prescription drugs or medicines?   | Yes      | No        |            |              |
| 4. Have you ever suffered any injury which resulted in you taking time off work?                           | Yes      | No        |            |              |
| 5. Have you ever made any claim to ACC of any injury, illness or condition?                                | 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 |

If yes, give details below

Have you suffered from any:	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 CourierPost?

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

### INTEREST IN COURIERPOST

Why are you interested in becoming a contractor with CourierPost?

### DECLARATION

- 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 contracted, I may be dismissed.
- 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.
- 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.
- If required, enquiries may be made with the Accident Rehabilitation & Compensation Insurance Corporation (ACC).
- If required, I agree to provide a urine specimen for the purposes of testing for drugs and/or a breath specimen for the purposes of testing for alcohol.
- I authorise CourierPost to conduct security checks on my behalf.
- As part of this application being actioned, a credit check will be done through BAYNET CRA LTD.
- By completing this application you agree to your application being reviewed by CourierPost. You are entitled to seek access to the material held by CourierPost 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 CourierPost you may ask that it is corrected.
- I have read and fully understand this declaration.

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

Application reviewed and authorised for screening by manager.

Manager's signature: \_\_\_\_\_ Date:      /      /

Or mail to:

CourierPost Contractor Jobs  
PO Box 90949  
Auckland 1142