

## CONTRACTOR APPLICATION FORM

### 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 any of the above questions, please give details:

### WORK HISTORY

Current Employer:

Contact Person:

Contact Number:

Current Position:

Dates of Employment:

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:

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

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

- If yes, give details below
- Have you suffered from any:
- |                           |                              |                             |
|---------------------------|------------------------------|-----------------------------|
| Heart Complaints          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High Blood Pressure       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hearing Loss              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hernia                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dermatitis or Eczema      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Blackouts, Fits, Seizures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any other allergies       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If 'Yes' to any of the above questions, please give details:

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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 Signature: \_\_\_\_\_

Date: / /

Application reviewed and authorised for screening by manager.

Manager's signature: \_\_\_\_\_

Date: / /

When complete, please scan and email to: [courierjobs@courierpost.co.nz](mailto:courierjobs@courierpost.co.nz) or mail to:

CourierPost Contractor Jobs  
PO Box 90949  
Auckland 1142