



Application for Employment

Please complete the attached form so that we can process your application for employment.
All information recorded will be kept in strict accordance with the Privacy Act 1993.

Business Unit

Atlas Concrete

Atlas Tilt Slab

Atlas Quarries

Mt Rex Shipping

Location

Takapuna

Silverdale

Panmure

Wiri

Kumeu

Albany

Warkworth

Brynderwyn

Ruakaka

Riverhead

Helensville

Position Applying For:

First names: _____

Preferred names: _____

Surname: _____

Home Ph: _____

Address: _____

Mobile Ph: _____

Email: _____

Are you a New Zealand Citizen? Yes No (if no, please complete the following)

Nationality: _____

Do you have permanent residence status? Yes No

Do you have a current work permit? Yes No

Do you hold a current passport? Yes No

Have you received your COVID-19 double Vax Yes No

Who at Atlas introduced you to this position: _____

What Branch are they from?: _____

Education and/or Training

School name, location: _____ Qualification and result obtained: _____

Tertiary institute Name, Location: _____ Qualification and year obtained: _____

Training / Skills: _____

Computer Skills: _____

Other skills and qualifications e.g. languages: _____

Driving Licences

Licence Number: _____ Expiry: _____

Licence classes

1

2

3

4

5

Fork lift

WTR

Other: _____

Do you consent to a Licence i.e. LTSA check? Yes No

Do you have any demerit points? Yes No

Do you have any legal proceedings,
related to your licence, against you pending? Yes No

If yes please detail: _____

Trade Certification

Trade Certification name: _____

Trade Certification number: _____

Expiry date: _____

Employment History

Current employer

Company name: _____

City / Town: _____

Position: _____

Reason for leaving: _____

Previous employment history

Company name: _____

City / Town: _____

Position: _____

Reason for leaving: _____

Company name: _____

City / Town: _____

Position: _____

Reason for leaving: _____

Do you have a secondary employment Yes No

Are you involved in any other activities or organisations that may impact on your performance or attendance in this role? Yes No

If yes please provide details: _____

Have you been convicted of a criminal offence not including those concealed under the Criminal Records (Clean Slate) Act? Yes No

If yes please provide details: _____

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes No

Note: Please attach current CV along with this application form

Medical History

Tick which applies and provide details where required

Have you had:

Compensation of any injury ACC	Yes	No	Details: _____
Asthma	Yes	No	Details: _____
Dermatitis or Eczema	Yes	No	Details: _____
Hernia	Yes	No	Details: _____
Back injury or strain	Yes	No	Details: _____
Blackouts or seizures of any kind	Yes	No	Details: _____

Do you suffer from:

Ear ache, Deafness	Yes	No	Details: _____
Skin infections	Yes	No	Details: _____
High Blood pressure	Yes	No	Details: _____
Heart Problems	Yes	No	Details: _____
Diabetes	Yes	No	Details: _____
Any Allergies	Yes	No	Details: _____
Colour Blindness	Yes	No	Details: _____
Occupational Overuse Syndrome	Yes	No	Details: _____
Do you wear corrective eye lenses?	Yes	No	Details: _____
Are you taking any drugs or medicine?	Yes	No	Details: _____

Do you have any health or other related issues that may impact on your ability to perform the job you are applying for? Yes No

If yes please provide details: _____

Note: Applicants are required to complete and pass a pre-employment medical work fitness assessment and drug and alcohol test

Please provide a copy of all relevant documentation when submitting this application

Examples: Work Permit, Passport, Vaccine passport, Drivers Licence ,Licences or Certification (trades)

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

Yes No

Please advise us of any other matters relating to you, including matters regarding your qualifications, work experience, medical history, and reasons for any prior employment with others ending, which may or would be material to our decision to employ you.

I certify that all information contained in this application and any attachments is true and accurate. I understand that any wilful misrepresentation, false statements, or omission by me in this application or interview process will be cause for rejection of my application or termination of my employment.

Signed: _____

Name: _____

Reference Check Consent

I, _____, consent to Atlas seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/ or referees and authorise the information sought to be released by them to Atlas for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by Atlas is supplied in confidence as evaluative material and will not be disclosed to me.

Signed: _____ Date: _____

(The inclusion of your name in the “signed” area above will be deemed to confirm the above consent)

Referees

Provide details of at least two work-related referees i.e. they should be line managers you have reported to in your current and previous roles.

1) Name of referee: _____

Position, title and company: _____

Daytime phone number: _____ Mobile: _____

2) Name of referee: _____

Position, title and company: _____

Daytime phone number: _____ Mobile: _____

3) Name of referee: _____

Position, title and company: _____

Daytime phone number: _____ Mobile: _____