



## Confidential Application for Employment

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Date of Application: \_\_\_ / \_\_\_ / 20\_\_\_

All applicants for employment at Tranznorth (where any part of the role or potential part of the role), requires the operation of a motor vehicle must supply the following information:

- I hereby consent to Tranznorth contacting the employers and referees listed herein for the purposes of confirming and verifying the information supplied in this application for employment and I understand that the employment history information received by Tranznorth is supplied in confidence as evaluative material and will not be disclosed.

▪ Initial: \_\_\_\_\_

- I hereby consent to Tranznorth obtaining, reviewing and recording my driving record for the purposes of confirming the information supplied in this application for employment (and any subsequent updates or changes to supplied information such as NZTA driving records updates)

▪ Initial: \_\_\_\_\_

- I understand that that my driving record information, criminal convictions disclosure and all other information supplied within this application form is a requirement of employment with Tranznorth and I have not supplied any false or misleading information herein.

▪ Initial: \_\_\_\_\_

Full Name: \_\_\_\_\_

Signed: \_\_\_\_\_

**Details of Applicant**

First (Given) Name				
Surname				
Date of Birth				
Contact Phone Number				
Residential Address				
Email Address				
Highest Class of Driving Licence	Class 1 (Car)	Class 2	Class 4	Class 5
Emergency Contact name/relationship				
Emergency Contact Phone Number				
Do you smoke?	YES			NO
Do you have Dependent Children?	YES			NO
Are you a New Zealand Citizen?	YES			NO
Are you a permanent resident of NZ?	YES			NO
Are you legally entitled to Work in NZ?	YES			NO
Have you worked for Tranznorth before?	YES			NO
If yes, when (approx. year)?				

**Education**

Institution/s Attended				
What is your highest level of Education?				
Do you have any other qualifications?				

**Work History**

Are you currently employed?	YES			NO
Can we contact your current employer?	YES			NO
Current Employer				
Contact person				
Contact phone number				
Avg. Hours per week				
Reason for leaving or wanting to leave				
Next most recent employer				
Contact person				
Contact phone number				
Avg. Hours per week				
Reason for leaving				
Can we contact this person as a referee?	YES			NO
Next most recent employer				
Contact person				
Contact phone number				
Avg. Hours per week				
Reason for leaving				
Can we contact this person as a referee?	YES			NO

Employment Referees		
Company Name	Contact Person	Phone Number
Driver Licence Details		
Driver Licence Number		
Expiry Date		
Licence Endorsements		
Do you have any demerit points?	YES	NO
If yes, how many?		
Convictions of any driving offence?	YES	NO
If yes, What?		
Criminal Convictions		
Have you ever been convicted in court?	YES	NO
If yes, within the last 7 years?	YES	NO
Have you served a custodial sentence?	YES	NO
Have you not paid any fine in full?	YES	NO
If you have answered yes to any of the above, please list on a separate piece of paper		
Medical Details		
Do you have any allergies?	YES	NO
Do you require corrective lenses?	YES	NO
Do you have a hearing disability?	YES	NO
Do you consent to pre-employment drug testing?	YES	NO
Have you suffered from a back injury?	YES	NO
If yes, please detail		
Have you claimed ACC in the last 12 months?	YES	NO
If yes, please detail		
Have you suffered from stress or mental illness?	YES	NO
If you have any injury or illness you suffer from that may affect your ability to effectively carry out the functions and responsibilities of the position applied for, noting that driving includes heavy lifting and working in confined spaces? Please detail on a separate piece of paper		
General		
Are you prepared to work shifts?	YES	NO
Are you prepared to work overtime as reqd?	YES	NO
Are you prepared to work Public Holidays?	YES	NO
Are you prepared to work weekends?	YES	NO
Do you own your own transport, i.e. Car?	YES	NO
If no, how do you intend to get to work?		

What hobbies do you have?		
Any other information that would like to add that may support your application for employment with Tranznorth		
In the event that you are unsuccessful in your current application, do you consent to Tranznorth retaining the information contained within this application for the purposes of considering your suitability for any other position which may arise within the company?	YES	NO
<b>Declaration</b>		
I hereby confirm that all information contained herein and any appended information is true and correct, and I understand that if I mislead Tranznorth in any way, by falsification, omission, or anything else, then any employment can be terminated, and I could be liable for costs.		
Full Name:		
Signed:		
Date:		

- PLEASE COMPLETE MINISTRY OF JUSTICE CRIMINAL RECORD CHECK AND ACC PRE-EMPLOYMENT CHECK ATTACHED TO THIS APPLICATION.
- PLEASE ATTACH A COPY OF YOUR CURRENT DRIVERS LICENCE TO THIS APPLICATION.
- PLEASE ATTACH YOUR MOST RECENT C.V. OR RESUME TO THIS APPLICATION



Criminal Records Unit  
 Ministry of Justice  
 National Office  
 P O Box 2750  
 WELLINGTON

**For Office Use Only**

**MoJ Request Number**

**REQUEST BY THIRD PARTY UNDER THE OFFICIAL INFORMATION ACT 1982 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE 'S COMPUTER SYSTEMS**

**SECTION 1: SUBJECT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY**

I hereby authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my personal information, to the undersigned Third Party, for the purpose of:

Pre-employment vetting

Insurance Claims vetting

Other (specify)

Tick the report required:

All convictions report     Traffic Convictions Report

Signature of subject and date

**X**

**X**

I wish to receive a copy of the information provided to the Third party.

Yes / No

**SECTION 2: THIRD PARTY DETAILS**

**Third Party Name Details**

Full Name of Third Party

Full name and address of the person or agency the third party is acting for (if applicable)

Third Party Reference Number (if applicable)

**Third Party Address Details**

P.O. Box or Street Address

Suburb

City

State / Province

Post Code

Country

Signature of Third Party

**X**

*The term "subject" refers to the person whose criminal convictions is being requested.*

*The term "third party" refers to the requestor or ultimate intended recipient, such as an employer, insurance company, credit agency et cetera.*

*The Ministry of Justice will process this request as soon as is reasonably practicable, and in any case no later than 20 working days from receipt of this application.*

*This application and associated letters and reports will be disposed of three months after processing the response.*

## Personal Details

Surname

First Name

Middle Names (separate by comma)

Date of Birth (DD/MM/YYYY)

Place of Birth

Gender (Male / Female)

## Previous Names - Maiden Name, Aliases

Surname

First Name

Middle Names (separate by comma)

## Postal Address

P.O. Box or  
Street Address

Suburb

City

State / Province

Post Code

Country

## Current Residential Address

Street Address

Suburb

City

State / Province

Post Code

Country

Daytime Phone Number

Home Phone Number

Fax Number

## Previous Two Residential Addresses

Street Address

Suburb

City

State / Province

Post Code

Country

Street Address

Suburb

City

State / Province

Post Code

Country

**Subject's Identification**

Please attach a photocopy of the subject's identification. The identification may be a Driver Licence OR if subject does not hold a driver licence, a Passport. If subject has neither, the subject will need to complete Section 4.

Driver Licence

Passport

**SECTION 4: PROOF OF IDENTITY**

**ONLY TO BE COMPLETED IF SUBJECT DOES NOT HAVE A DRIVER LICENCE OR PASSPORT**  
*Subject to ask someone who can confirm their identity to fill in this section*

The person who identifies subject must:

- have known subject for more than 12 months
- be aged 18 years or over
- have a day time phone number
- not be a relative
- not live at the same address
- be contactable during normal business hours

Surname

First Name

Middle Names (separate by comma)

Street Address

Daytime Phone Number

Suburb

Home Phone Number

City

State / Province

Fax Number

Post Code

Country

I declare that I have personally known:

Surname

First Name

Middle Names (separate by comma)

Signature of identifier

for

years and vouch for his/her identity

**X**

If subject is unable to get someone to complete Section 4, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Criminal Records Unit on 04 918 8800.

# Pre-employment check - request for ACC claims history

**Please Read:** Please complete this form and then email it to [preemploymentchecks@acc.co.nz](mailto:preemploymentchecks@acc.co.nz). Please provide a valid proof of identification: These include but are not limited to; Driver's Licence, Passport, 18+ Card, Birth Certificate, or Statutory Declaration signed by the Police or JP.

**Employers and recruitment agencies:** unless the job applicant gives specific permission, the claims history provided will not include information about any:

- mental injury as a consequence of physical injury claims
- declined claims including accredited employer claims
- treatment injury claims
- claims occurring more than 10 years ago
- sensitive claims
- wilfully self-inflicted claims
- accidental death claim dependants

## PART A: IDENTIFYING DETAILS

1. JOB APPLICANT'S DETAILS	PLEASE COMPLETE ALL SECTIONS
First Name:	Middle Name:
Surname:	Also known as (e.g Maiden name):
Date of Birth:	Phone Number/s:
Ethnicity:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Postal address:	Suburb :
Town/City:	Postal Code :
Previous Address:	Type of work/Industry:

2. EMPLOYER OR RECRUITMENT AGENCY DETAILS	FOR ACC CLAIMS HISTORY RESULTS TO BE SENT TO
Organisation Name: Tranznorth Limited	Contact Person's Name: Derek Slatter
Contact Phone Number: 09 430 2581	Contact Email Address: <a href="mailto:derek@tranznorth.co.nz">derek@tranznorth.co.nz</a>

## PART B: CONSENT FOR ACC TO RELEASE INFORMATION

3. JOB APPLICANT'S CONSENT AND SIGNATURE		
<p>I authorise ACC to release my ACC claims history to the employer or recruitment agency named in Part A:2, and understand that I will be sent a copy to the mailing address marked in Part A:1.</p> <p>I understand that this information will only be used to decide whether I can carry out the job safely.</p> <p>I understand I have the right:</p> <ul style="list-style-type: none"> <li>• to see and correct this information under the Privacy Act 1993</li> <li>• that the employer or recruitment agency will use this information responsibly, and comply with the Privacy Act 1993, Health Information Privacy Code 1994 and the Human Rights Act 1993</li> <li>• that the employer or recruitment agency will destroy the information once the job application process is complete.</li> </ul>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Job applicant's signature:</td> <td style="width: 40%;">Date:</td> </tr> </table>	Job applicant's signature:	Date:
Job applicant's signature:	Date:	