

PEARSONS COACHLINES LTD

EMPLOYMENT APPLICATION FORM

Full Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Position applied for:

Date available to commence work:

Any periods you would be unavailable for work:

Is there anything that may affect your ability to do the work you are applying for? **Yes / No**

These may include:

- Previous Injury
- Your health (allergies, degenerative medical conditions etc)
- The health of others dependent upon you
- Family commitments
- Beliefs
- Study programmes

If 'yes' to any of the above, please advise what they are, so the employer can decide if they can be reasonably accommodated.

Have you ever been discharged or dismissed from employment? **Yes / No**

If 'yes', please give details:

Have you ever been convicted of any criminal offences, or are awaiting the hearing of charges in a civil or criminal court of law? **Yes / No**

If 'yes', please list all offences (including driving offences), charges and all relevant details:

Please note: You do not have to disclose offences protected under the Criminal Records (Clean Slate) Act 2004

Qualifications – Please list all relevant qualifications and training courses you have undertaken:

Licences Held:

Date Issued:

Licence Number:

Date of Licence Expiry:

Date of Birth:

Referees: Please provide details of three referees we are permissible to contact

Name	Relationship to applicant	Phone Number
1.		
2.		
3.		

Employment Record:

Company	Position	Employed from/to	Reason for leaving

Personal Statement (optional):

DECLARATION AND AUTHORISATION:

The information provided in this application is complete, true and correct. I understand that false or misleading information herein may be grounds for immediate dismissal. I authorise the prospective employer to investigate all statements made on this application and to seek any information about me in relation to this application. If my application is successful, I consent to undergo a pre-employment medical examination by a doctor nominated by the company, if so required.

If my application for employment is not successful at this time, I wish for this form to be:

Destroyed once a person is appointed to the position **Yes / No**

Held for consideration by my request, for future positions **Yes / No**

Applicant's Signature

Date
