



HEAVY TRANSPORT/MACHINERY OPERATOR EMPLOYMENT APPLICATION

APPLICANT DETAILS

FULL NAME: _____

ADDRESS: _____

MOBILE NUMBER: _____ HOME PHONE: _____

LICENCE NUMBER: _____ VERSION NUMBER: _____

EXPIRY DATE: _____ DATE OF BIRTH: _____

CURRENT CLASSES / ENDORSEMENTS HELD (Please Tick)

1 2 3 4 5 6 D F P R T W (Attach photo copy also)

Do you give permission for Holmes Group to enter your licence details into NZTA TORO driver licence check system. Yes No

Do you have any conditions or limitations attached to your licence. Yes No
If answered yes, please note details _____

POSITION TYPE APPLYING FOR

Please select from positions type of interest (Please Tick Preference Below)

<input type="checkbox"/> TRUCK / HPMV OPERATOR	<input type="checkbox"/> FORKLIFT OPERATOR	<input type="checkbox"/> MACHINERY OPERATOR
<input type="checkbox"/> Log Truck	<input type="checkbox"/> 1 – 5 Tonne	<input type="checkbox"/> Excavator
<input type="checkbox"/> Chip Liner	<input type="checkbox"/> 6 – 10 Tonne	<input type="checkbox"/> Bobcat
<input type="checkbox"/> Off Highway Unit	<input type="checkbox"/> 12 Tonne and up	<input type="checkbox"/> Wheeled Loader

If position applying for is not listed above please state position type and preference below (e.g. IT Guru, repairing PDTs) _____

HISTORY DETAILS

Do you hold a current Forklift Certification (Attach photo copy also) Yes No

Do you hold a current First Aid Certification (Attach photo copy also) Yes No

Do you have a valid General Requirements Certificate (Attach photo copy also) Yes No



Most Recent Employment History

RECENT PREVIOUS EMPLOYERS X 3	CONTACT PERSON NAME AND NUMBER	DATE RANGE EMPLOYED FROM/TO	REASONS FOR LEAVING

Do you give permission for Holmes Group to contact previous employers listed and verify your work history?

Yes No

Have you previously been employed by Holmes Group or a division of the group?

Yes No

Please list your previous operating experience (include vehicle type) and or work experience

Have you been convicted of a criminal offence within the last 5 years?

Yes No

Are you currently waiting to appear before a court on an offence?

Yes No

Are you currently wearing a court appointed monitoring device?

Yes No

Have you had time off work for back related problems in the past 5 years?

Yes No

Have you been on ACC in the past 5 years for any other health issue?

Yes No

Do you have any other medical condition that may affect your ability to fulfil your duties as an operator or limit your performance at work?

Yes No

If answered yes to any of the above questions, please note details below;

Do you consent to Holmes Group performing a criminal conviction check?

Yes No

All potential employees are required to under go pre-employment drug and alcohol test. Mandatory screening is to be undertaken before being considered for employment. To include future testing for post incident, random and reasonable cause once employed as per company policy.

Do you consent to drug and alcohol testing and terms as above?

Yes No

All new and current employees are required to undergo a mandatory medical health check. Medicals are provided by a certified medical provider and information gathered is confidential, however is made available to the company.

Do you consent to a medical health check and annual monitoring?

Yes No



DISCLOSURE

I confirm that I am legally entitled to work in New Zealand.

I am a New Zealand citizen; or
 Hold a current New Zealand work visa and a copy is attached.

I confirm the information I have provided within this application is true and accurate. I understand my application may be declined based on information I have provided. If successfully employed by Holmes Group and information I have provided is disproven, I understand my employment may be terminated immediately. Upon signing the application I accept all terms as outlined in this document.

APPLICANT SIGNATURE: _____

DATE: _____

HOLMES GROUP OFFICE USE ONLY

Date Received		Received By	
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Has a pre-employment driving assessment been completed? Yes No
If answered yes above is the applicants' assessment outcome competent? Yes No

ASSESSOR NAME: _____

ASSESSOR SIGNATURE: _____

Comments _____

Application Pending Application Approved Application Declined

APPROVER NAME: _____

APPROVER SIGNATURE: _____

APPROVER TITLE: _____ **DATE:** _____

Select copies to be attached to application (Please Tick)

- Copy of Drivers Licence Copy of Forklift Certificate Copy of First Aid Certificate
- Copy of General Requirements Certificate Copy of CV if provided
- Copy of NZ work visa