

APPLICATION FORM FOR EMPLOYMENT AT ADAMS

Adams Plumbing, Drainage and Electrical Ltd is a multi-disciplinary company providing Plumbing, Drainlaying, Electrical and Gasfitting services.

Company Overview

We are headquartered in Kenmure, Dunedin with a branch located in Cromwell, Central Otago.

The company now known simply as Adams was set up in 1993. Over the years it has expanded and in 2010 was purchased by majority shareholder Mark Preston, now the Managing Director, and five minority shareholders, most of whom work in the business

Adams employs a team of over 65 staff, including plumbers, drainlayers, electricians and gas fitters.



Our Mission:

To provide a high-quality service that is built on listening attentively to the customer's needs – Whatever they may be, this approach is important to us, and has helped us become the go-to company for both commercial and domestic customers across the wider Dunedin area, and throughout Central Otago

Statement from the Managing Director



Adams strives to be the best and our staff are our best asset. Please take the time to complete this application for employment at Adams and submit your curriculum vitae for interview

Adams CORE VAULES are an integral part of Adams culture and play an important part in our employee selection process. Our core values were developed by staff, where the staff told us what values they wanted to live and work by at Adams. These values are:

Communication
Proud
Fun

Accountability
Respect

If you feel you meet our company core values, please continue your application process over the page:

APPLICATION FORM

NAME: _____

POSITION APPLIED FOR: _____

You are requested to personally complete this application for employment form.

This application for is a source of information that will be used by Adams Plumbing, Drainage and Electrical Ltd to assist in considering your suitability for the position for which you are applying. If successful, such information shall form part of Adams Plumbing, Drainage and Electrical Ltd.'s personnel records. Failure to supply the information requested would prejudice Adams Plumbing, Drainage and Electrical Ltd ability to assess your suitability for the position.

You are entitled to access this information upon request. The information from unsuccessful applicants shall be destroyed six months after collection.

CONFIDENTIAL: This application MUST be completed personally by the applicant

Note: The completion of this form does not indicate that there is any obligation on the organisation to engage the applicant. Where you have previously supplied the organisation with a CV detailing some of the particulars requested, please simply indicate in the appropriate space that the CV contains this information.

Purpose This information is collected for the purpose of assessing your suitability for the employment at Adams Plumbing, Drainage & Electrical Ltd, which may include subsequent changes in employment with the company.

PLEASE PRINT

DATE OF APPLICATION: _____

POSITION APPLIED FOR: _____

ADVERTISEMENT INFORMATION

Where did you first learn about this vacancy?

YOUR CONTACT ADDRESS AND TELEPHONE NUMBERS:

Contact Address _____

Home Phone No: _____

Work Phone No: _____

Mobile Phone No: _____

E-mail: _____

DATE OF BIRTH: _____

NEXT OF KIN

Name: _____

Address: _____

Relationship: _____

Phone - Work: _____

Phone – Home: _____

Are you legally entitled to work in New Zealand?
(You may be asked to supply evidence of paperwork)

YES / NO

If NO, do you have a current working permit?

YES / NO

Expiry date: _____

EMPLOYMENT HISTORY

Present or most recent employer

Employed from: _____ to _____

Company: _____

Address: _____

Job Held: _____

Main Duties: _____

Number of hours worked per week: _____

Reason for leaving: _____

For the purposes of compliance with the Privacy Act 1993, do you consent to the organisation contacting your present employer for the purposes of reference checking **YES / NO**

Next most recent employer

Employed from: _____ to _____

Company: _____

Address: _____

Job Held: _____

Main Duties: _____

Number of hours worked per week: _____

Reason for leaving: _____

Next most recent employer

Employed from: _____ to _____

Company: _____

Address: _____

Job Held: _____

Main Duties: _____

Number of hours worked per week: _____

Reason for leaving: _____

QUALIFICATIONS:

	Limited Licence:	Registration NO:	No:
Plumbing			
Drainage			
Gas			
Electrical			N/A

If trade qualified, is your practicing licence current? YES / NO

Do you have a Curriculum Vitae available? YES / NO

DO YOU HAVE ANY SPECIALTIES (E.G ROOFING, CONCRETE CUTTING, HEAT PUMP INSTALLATIONS, DATA, SOLAR PANELS?)

PLEASE LIST: _____

REFEREES

Please give the Name and telephone numbers of at least two referees who may be contacted in addition to your current or past employers. These two additional referees should preferably be from where you have worked previously.

NAME: _____

POSITION: _____

ADRESS: _____

PHONE NUMBER: _____

NAME: _____

POSITION: _____

ADDRESS: _____

PHONE NUMBER: _____

I consent to the organisation seeking verbal or written information on a confidential basis about me from referees and authorized the information sought to be released by the Adams Plumbing, Drainage and Electrical Ltd. For the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me. YES / NO

If YES, Signature: _____ Date: _____

GENERAL INFORMATION

Before completing this section please ensure you understand the tasks required of the position as some of the questions relate to the specific duties you will be required to undertake.

Are you prepared to work overtime if required? YES / NO

Are you prepared to work shifts? YES / NO

Have you been convicted of a criminal offence? YES / NO

If YES, please give details

Are you awaiting the hearing of charges in a civil or criminal court of law? YES / NO

If YES, please give details:

Are you prepared to handle all products, materials or equipment that might reasonably be expected in the position? YES / NO

Do you have a current full New Zealand's drivers licence?

If YES, What classes? _____

Driver's Licence No? _____ Date of Expiry: _____

Any special conditions? _____

Do you have any demerit points or endorsements? YES / NO

If YES, please give details: _____

What arrangements do you have for getting to and from work? _____

Do you have a spouse, partner, relative or household member working for the organisation? YES / NO

If YES, Who and Where? _____

MEDICAL INFORMATION

Name of Doctor: _____ Phone Number: _____

Do you agree to undergo a medical examination at any time prior to or after employment? YES / NO

Do you agree to undergo drug testing at any time prior to or after employment? YES / NO

Do you require corrective lenses or contact lenses? YES / NO

*Please note that if you are appointed you may be required to supply a recent eyesight examination
(This information will be kept to provide a benchmark for your vision during employment)

Do you consent to any relevant testing for the purpose of Health and Safety monitoring during your
employment? i.e. Hearing Test and Lung Functioning Test YES / NO

Have you suffered from injury requiring time off work? YES / NO

If YES, please give details: _____

Have you claimed work related Accident Compensation? (give details) YES / NO

State any injury or illness you have suffered that may affect your ability to effectively carry out
functions and responsibilities of the position applied for.

Do you have any other known condition, including gradual process disease, illness, disability, or
infection, which may affect your ability to effectively carry out the functions and responsibilities
required of the position applied for?

Do you have any other condition, which might put our staff or customers at risk based on the type of work requirements of the position?

In your past employment have you been exposed to?

- | | |
|--|----------|
| • Noise (Excessive or prolonged periods of) | YES / NO |
| • Asbestos | YES / NO |
| • Poisonous metals (lead, mercury, other toxic metals) | YES / NO |
| • Solvents | YES / NO |
| • Skin irritants | YES / NO |
| • Infectious materials | YES / NO |

If YES, please detail below:

During your working career have you ever suffered from?

- | | |
|--|----------|
| • Stress or Mental health problems? | YES / NO |
| • Long-standing fatigue or tiredness? | YES / NO |
| • Serious conflict at work? | YES / NO |
| • Difficulties coping with change or other stressful events? | YES / NO |
| • Occupational overuse syndrome? | YES / NO |

Have you ever needed to take more than your allocated sick leave?	YES / NO
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If YES to any of the above, please give details below:

A requirement of the position you have applied for may be using a computer. Have you received training in the ergonomic use of a keyboard and VDU? YES / NO

DECLARATION

I _____ (*FULL NAME*) declare that to the best of my knowledge the answers in this application are correct and the information provided in this application and in any resume provided is accurate and I understand that if any false misleading information is given, or any material fact suppressed, I will not be accepted, or if I am been employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC.

Signed: _____ **Date:** _____