

# Employment Application Form

## Contact Details

<b>Name:</b>	
<b>Address:</b>	
<b>Email Address:</b>	
<b>Mobile Phone Number:</b>	
<b>NZ Citizen, Resident or Visa Type &amp; Expiry date:</b>	

## Application Details

<p><b>Do you know anyone who currently works for or is associated with MDL Civil?</b>  <i>If yes, please advise who:</i></p>
<p><b>Do you have reliable transport to get to site each day?</b>    Yes / No</p>
<p><b>Driver Licence</b></p> <p><b>Class(es) held</b> <i>(ie. 1, 2, 4/ Full, Restricted):</i>  <b>Driver licence Endorsements held</b> <i>(WTR etc):</i>  <b>Conditions</b> <i>(Corrective lenses etc):</i></p>
<p><b>Have you had any recent convictions?</b>    Yes / No  <i>If yes, please provide details:</i></p>

## Advise possible/preferred Region(s) and Role(s)

<b>Preferred work region(s):</b>	Northland	<input type="checkbox"/>
	Auckland	<input type="checkbox"/>
<b>Role(s) applying for:</b>		

## Pre-existing Medical Details

Note: If you would prefer a confidential discussion re the below with the HR Manager rather than writing below, please just note "Discussion with HR Manager"

**Do you have any pre-existing conditions that may affect your ability to carry out your tasks?**

**Do you have any medical conditions that may affect your safety on site?**

**Are you required to take any medications that restricts the use of heavy machinery or driving?**

**Have you claimed ACC in the last 12 months? If yes, please give details of restrictions or recurring symptoms.**

**State any serious injury or illness you have suffered that has affected your ability to carry out the functions and responsibilities in a similar task you have been employed to do:**

**Have you been vaccinated against COVID-19?**

I have had one dose of the vaccine	<input type="checkbox"/>
I have had two doses of the vaccine	<input type="checkbox"/>
I have been advised by my medical practitioner that I should not be vaccinated	<input type="checkbox"/>
I am unvaccinated	<input type="checkbox"/>

## Certifications / Qualifications

*Add any certificates, qualifications you think we should know about. Examples:  
ConstructSafe, SiteSafe, First Aid Certificate, Drainlayer certification  
We will require a copy of these if you are successful in your application.*

Description	Expiry or Completion Date	Certificate Number if applicable

## Employment History

*If you have a CV that gives the below details, please send with the application. You do not need to complete again here.*

*If you have not completed any paid employment please add school details, what you studied, any extra-curricular activities, hobbies or volunteer work.*

<b>Company Name:</b>	
<b>Start Date/ End Date:</b>	
<b>Position Title:</b>	
<b>Key Duties:</b>	
<b>Company Name:</b>	
<b>Start Date/ End Date:</b>	
<b>Position Title:</b>	
<b>Key Duties</b>	
<b>Company Name:</b>	
<b>Start Date/ End Date:</b>	
<b>Position Title:</b>	
<b>Key Duties</b>	

## Privacy Act 2020

Please note that all personal information provided by you will be held by MDL Civil pursuant to the provisions of the Privacy Act 2020. Your personal information, including all medical (including vaccination) information, will be used for the purposes of assessing your suitability for the role(s) applied for and so that we can comply with our health and safety obligations pursuant to the Health and Safety at Work Act 2015.

You have rights of access to, and correction of personal information held in accordance with the Privacy Act 2020.

**Send completed application form or any queries to: [careers@mdlcivil.co.nz](mailto:careers@mdlcivil.co.nz)**

**[www.mdlcivil.co.nz](http://www.mdlcivil.co.nz)**