



Driver Employment Application

This form must be completed by the proposed driver, and returned to NZL Group Ltd Human Resources Dept.

APPLICANT DETAILS

Proposed Drivers Name _____

Address _____

Mobile Number _____ Home Phone _____

Drivers Licence # (attach Copy) _____ Version Number _____

Expiry Date _____ Drivers DOB _____

Classes / Endorsements Held (Please Tick)

1 2 3 4 5 6 D F P R T W

Do you give permission for your driver licence details to be registered on the NZTA TORO driver check system? Yes No

Do you have any conditions attached to your licence? (eg) Medical Yes No

If yes, please give Details _____

NEXT OF KIN DETAILS

Contact Name _____

Relationship _____

Emergency Phone Numbers _____

Address _____

DETAILS

Do you have a current Dept of Labour (OSH) fork lift operator's certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiry Date	
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Employment History: Note: must be the three most recent

Most Recent Employer	Contact Name and Phone Number	Employed From/To	Reason for Leaving

Do you give permission for NZL Group Ltd, to contact any of your past Employers listed above for verification of your work history? Yes No

Are you familiar with products NZL Group Ltd cart on a daily basis? Yes No

Detail your transport experience

Have you ever been convicted of a criminal offence ? Yes No

Are you awaiting a Court appearance on any Transport related offences? Yes No

Have you had any time off work in the past 5 years with back related problems? Yes No

Have you been on ACC in the past 5 years, for anything other than back or spinal related issues? Yes No

Have you any other medical conditions that may effect your ability to fulfill your duties as a driver? Yes No

Please give details if you answered Yes to any of the above questions

If your application for employment is successful, when would you be available to start work? _____

As part of NZL Group Ltd's Health and Safety Policy, we require all staff to participate in our Drug and Alcohol testing procedure. This involves pre-employment, post incident, reasonable cause, and random testing. Before you can be considered for employment, you will be required to undergo pre-employment drug and alcohol testing. All costs associated with this test shall be met by NZL Group Ltd. If employed this would be mandatory.

Do you accept these terms? Yes No

Do you consent to a check for criminal convictions being undertaken? Yes No

Name / Signature _____

Date _____

HUMAN RESOURCE DEPARTMENT TO COMPLETE

Date Received		Name	
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Driver Training - Pre-employment assessment drive completed? Yes No

Result Pass Fail

Comments

Driver Approved

Driver Not Approved

Signed _____

Name _____

Date _____