

## APPLICATION FORM FOR EMPLOYMENT AT ADAMS

Adams Plumbing, Drainage, and Electrical Ltd is a multidisciplinary company that provides Plumbing, Drainlaying, Electrical, and Gas fitting services.

### Company Overview

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

The company, 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 over 65 staff, including plumbers, drainlayers, electricians, and gas fitters.



### Our Mission:

This approach is essential to us to provide a high-quality service built on listening attentively to the customer's needs—whatever they may be. It has helped us become the go-to company for commercial and domestic customers across the wider Dunedin area and Central Otago.

### Statement from the Managing Director



Adams strives to be the best; our staff is our best asset.

Please complete this application for employment at Adams and submit your curriculum vitae for an interview.

Adams CORE VALUES are an integral part of Adams culture and play an essential role 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's core values, please continue your application process over the page:***

# APPLICATION FORM

**NAME:** \_\_\_\_\_

**POSITION APPLIED FOR:** \_\_\_\_\_

You are requested to complete this employment application form personally.

This application 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's 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: Completing this form does not indicate that the organisation must engage the applicant. Where you have previously supplied the organisation with a CV detailing some of the particulars requested, please indicate in the appropriate space that the CV contains this information.

Purpose: This information is collected to assess your suitability for 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: \_\_\_\_\_

\_\_\_\_\_

The number of hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

### ***Next most recent employer***

Employed from: \_\_\_\_\_ to \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Job Held: \_\_\_\_\_

Main Duties: \_\_\_\_\_

The number of hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

***Next most recent employer***

Employed from: \_\_\_\_\_ to \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Job Held: \_\_\_\_\_

Main Duties: \_\_\_\_\_

The 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 practising license 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: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

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 authorise the information sought to be released by Adams Plumbing, Drainage and Electrical Ltd. To demonstrate my suitability for the position, I am submitting my application. 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.

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

If YES, please give details:

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Are you willing to take a Pre-Employment Drug and Alcohol test? YES / NO

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 driver's 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: \_\_\_\_\_

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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 you may be required to supply a recent eyesight examination if appointed. (This information will be kept benchmarking 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 an injury that required 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 the 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 conditions that might put our staff or customers at risk based on the type of work requirements of the position?

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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:

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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 |
|---|----------|

If YES to any of the above, please give details below:

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A requirement of the position you have applied for may be to use 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 any resume provided is accurate. I understand that if any false or misleading information is given, or if any material fact is suppressed, I will not be accepted, or if I have been employed, my employment will be terminated. I also understand that any false information concerning my medical history regarding the gradual process, disease, or infection can result in my loss of entitlement to any compensation from ACC.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_