



# Employment Application

## Applicant Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available / Notice Period: \_\_\_\_\_ Desired hourly rate: \$ \_\_\_\_\_

Position applied for: \_\_\_\_\_

Do you have a full driver's license? YES NO

Do you consent to drug testing? YES NO

Do you smoke and/or vape? YES NO

Do you agree with us contacting your referees? YES NO

Do you consent to a criminal record check? YES NO

Do you consent to us verifying your work history and qualifications? YES NO

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

If yes, explain: \_\_\_\_\_

## Medical Declaration

**Do you have any medical conditions that will affect your employment?**

This includes (but is not limited to) mental health conditions, disabilities, neurological disorders, previous injuries, back, neck or joint conditions, migraines, vision or hearing impairments, allergies relevant to the workplace, any restrictions on lifting, standing or repetitive tasks, and any other medical condition that may affect your ability to perform the duties of the position.

YES NO

If yes, explain: \_\_\_\_\_

## Disclaimer and Signature

**I certify that my answers are true and complete to the best of my knowledge.**

**If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate termination.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are unable to sign, please type your full name above.  
Send this completed form, along with your CV and cover letter, to [apply@permanite.co.nz](mailto:apply@permanite.co.nz)