



Paint It

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POSITION: Tradesman/Brush Hand/Apprentice/Casual/Contractor

Applicants Name: _____

Personal Details

Surname _____ Mr/Mrs/Ms/Miss

Given Names _____

Date of Birth (optional) _____

Address _____

Home Phone _____ Mobile _____

Email _____

Do you have dependents? Yes / No, # _____

Do you hold a current drivers licence? Yes / No Learners Restricted Full

Do you have your own transport? Yes / No Current Registration Yes / No

Current WOF Yes / No

Experience in Painting/Decorating Industry

Experience in painting/decorating industry _____ Years/Months: _____

Please tick areas that you have experience in:

Residential

- Exterior
- Interior
- Wallpapering
- Plastering
- Burning off

Commercial

- Exterior
- Interior

Other

- Water blasting
- Scaffolding

What work experience have you had painting? _____

What other work experience have you had outside of painting? _____

Are you available for overtime? Yes / No

Are you available for weekend work? Yes / No

Qualifications Relevant to the Position

Have you completed a Painting and Decorating Apprenticeship? Yes / No

Company Details

Other relevant qualification/courses:

Qualification

Organisation/Institution

Qualification

Organisation/Institution

Have you attended a practical First Aid course? Yes / No Date: _____

Community Involvement

Payment

Hourly Rate What rate are you currently on? \$
What would you like to be paid? \$

Do you currently make any of the following deductions:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Child support | <input type="checkbox"/> Court fines |
| <input type="checkbox"/> KiwiSaver | <input type="checkbox"/> Tax debt |
| <input type="checkbox"/> Student loan | <input type="checkbox"/> Other: |

Health

Do you smoke? Yes / No

Do you have, or have you ever had, a medical condition caused by an injury, illness, disability or gradual process that the tasks of the vacancy you are applying for may aggravate or contribute to, or that may affect your ability to carry out the work of the vacancy you are applying for? Yes / No

If yes, what are the details of your condition? _____

How would you describe your health status? _____

How many sick days did you have last year? Number: _____

Please note any false information given in relation to your medical history may result in loss of entitlement for any compensation and termination of employment.

Legal Clarifications

Have you been convicted of any offence?	Yes / No
Have you ever received a police diversion for an offence?	Yes / No
Have you been convicted of a driving offence which resulted in loss of licence, or imprisonment?	Yes / No
Do you have any criminal charges pending or are you awaiting sentencing?	Yes / No
Have you ever been declared a bankrupt?	Yes / No
Are your stated qualifications genuine in every respect?	Yes / No

If you have answered yes to any of the above questions please provide a written outline of events below, or on a separate sheet.

.....
.....
.....
.....

I grant authority to for a police check to be undertaken and provided to Paint It. If yes, please sign below.

Signed _____ Dated _____

Current Employment

Company _____ Position held _____
Contact Details _____
Length of time employed _____

Previous Employment Experience (list below or attach CV with details)

Company _____ Position held _____
Contact Details _____
Length of time employed _____

Company _____ Position held _____
Contact Details _____
Length of time employed _____

Company _____ Position held _____
Contact Details _____
Length of time employed _____

Referees (list below or attach CV with details)

Provide details of three people who can be contacted to provide statements. If you have included written references from people other than those recorded below, we may contact the writers of these references. If short-listed your nominated referees will be contacted.

1. Name _____ Phone () _____
Relationship to you _____
Position held and where _____
Postal Address _____ Email _____

2. Name _____ Phone () _____
Relationship to you _____
Position held and where _____
Postal Address _____ Email _____

3. Name _____ Phone () _____
Relationship to you _____
Position held and where _____
Postal Address _____ Email _____

I grant authority to Paint It, under the provision of the Privacy Act to contact any past employers and/or colleagues in addition to the named referees. If yes, please sign below.

Signed _____ Dated _____

Other Comments

Please note any other comments you wish to make: _____

Commencement

If you are appointed when could you commence employment? _____
IRD Number: _____

Declaration

I (full name) certify that the information provided is correct and no relevant material/information has been omitted. I understand that this information will be used for the purpose of processing this application and understand that any incorrect or misleading information or important information that has been omitted during the appointment process (including interview) may disqualify me from consideration, or if appointed, make me liable for dismissal.

Signed _____ Dated _____

This application and supporting materials will remain confidential to Paint It.