



Registration Form

Date: _____

Name _____

Preferred _____

Address _____

Postal Code _____

Phone _____ Mobile _____

Email _____

Are you a New Zealand Resident? Tick the appropriate box.

- Yes No

Work Entitlement. Tick the appropriate box.

- New Zealand Citizen Australian Citizen NZ Resident Permit
 Work Permit Other _____

Identification Proof. Tick the appropriate box.

- Passport Driver's License Birth Certificate
 Other _____

Employment Requirement. Tick the appropriate box.

- Full-time Part-time Casual/Temp Project
 Other _____

What kind of work are you looking for? Tick the appropriate box.

- Warehousing Factory Cleaning Transport
 Stock-take Labouring Office Other

Current Driver's License. Tick the appropriate box.

- Yes No If, yes provide details below...

classes _____

license number & version _____

Do you have your own transport? Tick the appropriate box.

- Yes No

Do you have criminal convictions? Tick the appropriate box.

- Yes No If, yes provide details below...

I have a CV? Tick the appropriate box.

- Yes No

Office Use Only:

Date Completed

Registration Form	<input type="checkbox"/> _____
Bank Account	<input type="checkbox"/> _____
Kiwisaver Form	<input type="checkbox"/> _____
Identification Check	<input type="checkbox"/> _____
Reference Check	<input type="checkbox"/> _____
Criminal Convictions Check	<input type="checkbox"/> _____
CV Check	<input type="checkbox"/> _____
Health & Safety Training	<input type="checkbox"/> _____
Inducted	<input type="checkbox"/> _____
Registered by	<input type="checkbox"/> _____

Registration Declaration

I have submitted my registration form in good faith and I am under no influence or any substance that would affect my ability to understand what is required. I declare that to the best of my knowledge the answers I have provided are true and correct.

Applicant Name _____

Applicant Signature _____

Date _____