

# VESSEL Employment Application Form



**ALL SECTIONS OF THIS APPLICATION MUST BE FILLED IN OR YOUR APPLICATION MAY BE DECLINED**

This application must be completed personally by the applicant. Please fill in all sections of this form and notify us of any changes to your contact details. You must be Over 18 years of age.

This application must include *two* referees, with one being a previous employer. You may also provide a CV.

This application will be used to select suitable applicants for the interview, pre-employment health and background checks.

Any information collected from other people by Talley's, with consent, shall be used only in determining whether the applicant is to be employed and will be destroyed if the applicant is not successful for the position. If the applicant is successful for any position the information shall either be destroyed or held on their personnel file where after it will only be used by the company for purposes associated with or arising out their employment with the company.

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

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

\_\_\_\_\_

Suburb City ZIP Code

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Marital Status: Single  De Facto  Married  Children  Date Available: \_\_\_\_\_

Are you a citizen of New Zealand? YES  NO  If not, do you have permanent residence or a work permit? YES  NO   
(evidence will be required)

Have you ever worked for Talley's previously? YES  NO  If yes, when and where? \_\_\_\_\_

List any relevant qualifications - Maritime NZ, NZITO certs ,Trade or Endorsements:  
 \_\_\_\_\_

Position you are applying for: \_\_\_\_\_

Where did you hear about us? Circle one Newspaper | TradeMe | Seek | Website | WINZ | Talley's employee | Other

## Education and Training

Name of School/Uni/College	Date From	Date To	Course	Qualifications

**References/Referees**

Please list at least two references, one being work related:

Full Name	Company	Position	Phone Number

**Previous Employment**

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

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

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

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

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Consent**

I authorize the company to seek verbal or written information from my previous/current employers and/or my referees for the purpose of reference checking and accuracy of information provided.

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

## Medical History

Have you ever suffered from or had any of the follow:

	NO	YES	If YES, give details
An injury covered by ACC			
An operation or Surgery			
Any Allergies			
Asthma			
Back strain or back injury			
Blackout or Seizures			
Bronchitis			
Carpal Tunnel Syndrome (RSI)			
Colour Blindness			
Deafness or Earache			
Depression or other Mental Illness			
Dermatitis, Eczema or other Skin Diseases			
Diabetes			
Glasses or contact lenses			
Heart Disease or other Cardiac issues			
Hernia			
High Blood Pressure			
Migraines or Headaches			
Psychiatric Problems			
Skin Infections			
Tendonitis			
Are you, or could you be pregnant?			
Are you currently taking any medication?			
Have you visited a GP and/or specialist and/or Dentist in the last 3 months?			
Have you ever been signed off a ship sick, or been declared unfit for sea?			

How many days absence have you claimed due to sickness in your last 12 months of employment? *(circle)*

0-5	6-10	11-15	16-20	OVER 20	
Have you ever had an injury or medical condition caused by gradual process, disease or infection for example; OOS/RSI, hearing loss, sensitivity to chemicals, injuries that may be aggravated or further contributed to by the tasks of this job?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If yes please explain:</i>					

## Fit and Proper Person Details

Have you any Drug and/or Alcohol dependency problems?

YES

NO

*If yes please explain:*

Have you ever consumed or used any controlled drug or controlled drug analogue as defined in the Misuse of Drugs Act 1975 (excluding use permitted by law) e.g.; BZP, 'P', cannabis, heroin, cocaine, morphine, crack, Methamphetamines etc.

YES

NO

*If yes please explain:*

Have you ever been convicted of any offence as per the Criminal Records Act 2004?  
(Excluding and speeding fines, tickets and/or parking offences)

YES

NO

*If yes please explain:*

Have you ever:

- Been suspended from employment under the Maritime Transport Act 1994 **or**
- Had any Maritime documents suspended or revoked under the Maritime Transport Act 1994 **or**
- Been disqualified from holding or obtaining any Maritime Document under the Maritime Transport Act 1994 **or**
- Had any application for a Maritime document refused or declined under the Maritime Transport Act 1994 **or**
- Been prohibited from working at sea

YES

NO

*If yes please explain:*

I consent to the Company seeking verbal or written confirmation on a confidential basis from the Director of Maritime Safety and/or the Maritime Appeal Authority as to the accuracy and truth of any answers in respect of the above questions and hereby consent and authorize the Directory and Appeal Authority to provide the company with any information they hold concerning me.

*If YES, sign in front of witness*      YES      NO  
     

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

### General Information *(please tick appropriate box)*

Do you intend to engage in other paid work whilst employed with us?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you know any person currently employed by this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If YES, Who?</i>		
Are you awaiting the hearing of charges in a civilian court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you smoke at work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you prepared to sign an employment agreement, having read all of its terms and conditions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If no please explain:</i>		
Have you worked shifts before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you prepared to work as and where directed on the vessel?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If no please explain:</i>		
Have you applied to work with Talley's before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### Declaration

I, \_\_\_\_\_ ( *your full name* ) declare that to the best of my knowledge the answers on this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC. I further understand that any offer of employment may be made conditional on my obtaining a full medical clearance through the Company's pre-employment medical and drug test.

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

### Background checking

As part of your application for this role we will need to confirm your identity and conduct some background checks including referee check, confirming your eligibility to work in NZ and your health, and checking criminal convictions. Offers of appointment are conditional on the satisfactory completion of all check. Any issues arising from the checks will be discussed with you and if they cannot be resolved to our full satisfaction, you will not be offered the role or if you are provided with an offer that is conditional on the completion of the checks, the offer and employment agreement will be terminated immediately.

**PLEASE PROVIDE PHOTO IDENTIFICATION, DRIVERS LICENSE OR PASSPORT FOR SUBMITTING TO THE  
MINISTRY OF JUSTICE.**

**THE ATTACHED FORMS MUST BE COMPLETED.**