

Application for Courier Contract



PERSONAL DETAILS

Full Name:
Surname First Name Middle Name(s)

Gender: Male Female Date of Birth : / /

Are you or have you been known by any other name(s)? Yes No

If yes, please state names:

Address:

Town / City:

Home Phone Number: () Mobile Number: ()

E-mail address:

Name of next of kin: Contact number: Relationship:

Address if different from above:

Are you legally able to work in New Zealand? New Zealand Citizen Permanent Resident Work Permit

Do you hold a current NZ Drivers Licence? Yes No Type: Full Restricted Learners

Drivers Licence Number: Classes: Expiry Date: / /

WORK HISTORY

Current Employer:

Contact Person: Contact Number:

Current Position: Time at Current Employer:

Reason for Leaving:

Do you object to enquiries with your current employer ? Yes No

PREVIOUS WORK HISTORY

Previous Employer:

Contact Person: Contact Number:

Current Position: Time at Current Employer:

Reason for Leaving:

EDUCATION

Name of Secondary School(s) attended:

Highest Qualification gained:

Name of Tertiary Institute(s) attended:

Degree or Diploma/Courses taken:

GENERAL

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you been previously employed by Security Express? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been previously employed by another Freightways Company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever worked as a courier before? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you know any person currently employed by this Company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you prepared to work as and where directed? | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH

- | | Yes | No |
|--|--------------------------|--------------------------|
| Do you have any medical conditions which may affect your work? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever suffered a back injury or strain? | <input type="checkbox"/> | <input type="checkbox"/> |

Do you suffer from any of the following?

- | | Yes | No |
|-----------------------------|--------------------------|--------------------------|
| Heart Complaints | <input type="checkbox"/> | <input type="checkbox"/> |
| High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing Loss | <input type="checkbox"/> | <input type="checkbox"/> |
| Blackouts, Fits or Seizures | <input type="checkbox"/> | <input type="checkbox"/> |
| Any Allergies | <input type="checkbox"/> | <input type="checkbox"/> |

If "yes" to any of the above please provide details:

BACKGROUND CHECK

	Yes	No
Have you ever been charged or judged guilty of any offence under the law?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged or judged guilty of any traffic offences?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any outstanding charges?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been declared bankrupt ?	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes" to any of the above please provide details:

.....

SECURITY CHECK

It is Messenger Services policy to complete a detailed security check on all employees and contractors. Should you be successful in gaining a contract with Messenger Services do you agree to the company completing the Ministry of Justice individual criminal convictions report under the Official Information Act 1982.

Yes No

DECLARATION

I declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given or material fact suppressed I may not be accepted or, if I am employed or contracted to the Company my contract may be terminated.

As a part of this application the company may action a credit check.

I understand that by completing this application I am applying for a position as an Independent contractor with Messenger Services . Completion of this form is not an offer of a contract with Messenger Services .

Applicants Signature: Date: / /

Please print this document and send to

Messenger Services Ltd
DX Box EX10911
Auckland

Or e-mail to recruitment@messenger.co.nz