



## EXPRESSION OF INTEREST

**THANKS FOR COMPLETING THIS FORM. PLEASE RETURN, WITH YOUR CV, TO:**

FAX 09 270 1999 OR EMAIL [distribution@electrix.co.nz](mailto:distribution@electrix.co.nz) OR POST: **Attention: Human Resources, Electrix, PO Box 1688, Auckland** OR APPLY ON LINE  
[http://www.electrix.co.nz/careers\\_nz.asp](http://www.electrix.co.nz/careers_nz.asp)

WHERE APPLICABLE PLEASE CIRCLE "Yes/No"

### **FIRST PREFERRED POSITION AND LOCATION WITH ELECTRIX**

Position \_\_\_\_\_

Location \_\_\_\_\_

### **SECOND PREFERRED POSITION AND LOCATION WITH ELECTRIX**

Position \_\_\_\_\_

**Location** \_\_\_\_\_

### **PERSONAL DETAILS**

First or Preferred Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile No. \_\_\_\_\_

### **POSITIONS HELD WITH CURRENT EMPLOYER**

**Refer to attached CV Yes / No**

Current Employer \_\_\_\_\_

Current Position \_\_\_\_\_

Date \_\_\_\_\_

Location \_\_\_\_\_

Previous Position \_\_\_\_\_

Date \_\_\_\_\_

Location \_\_\_\_\_

Previous Position \_\_\_\_\_

Date \_\_\_\_\_

Location \_\_\_\_\_

**WHY DO YOU WANT TO WORK FOR ELECTRIX ?**

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**REFEREES**

Please complete ONLY if you have previously been employed by Electrix.

Approximate Date: \_\_\_\_\_

Region/Profit Centre: \_\_\_\_\_

Regional/Contract Manager: \_\_\_\_\_

**Authority to Referees**

I hereby authorise Electrix Ltd to collect personal information about me which is directly related to this Expression of Interest, from the persons named above. I also authorise those named persons to disclose to Electrix Limited any such information they may hold.

**EXPERIENCE PRIOR TO CURRENT EMPLOYER (Last 3 years prior to current employer)**

**Refer to CV** Yes / No

1. Employer \_\_\_\_\_

Dates \_\_\_\_\_

Positions \_\_\_\_\_

2. Employer \_\_\_\_\_

Dates \_\_\_\_\_

Positions \_\_\_\_\_

**QUALIFICATIONS, TRAINING & LICENCES**

**Refer to CV** Yes / No

Secondary School Qualifications: \_\_\_\_\_

Tertiary Qualifications: \_\_\_\_\_

Trades Qualification: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Trades Qualification: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Trades Practising Licence/Registration No.: \_\_\_\_\_

Do you have a valid CPR certificate?: Yes / No or N/A If Yes – Expiry

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

Do you have a valid First Aid certificate?: Yes / No or N/A If Yes – Expiry

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

Do you have a valid Safe Working Practices certificate?: Yes / No or N/A If Yes – Expiry

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

Do you have a valid Safety Testing certificate?: Yes / No or N/A If Yes – Expiry

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

Do you have a valid Site Safe certificate?: Yes / No or N/A If Yes – Expiry

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

**GENERAL INFORMATION**

Date of Birth (optional): \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have a valid driver’s licence? Yes / No

Do you have any pending driving convictions? Yes / No

Do you have any criminal convictions: Yes / No

If Yes, please provide brief details:

\_\_\_\_\_

**HEALTH & SAFETY**

Do you suffer from any current illness or disability that could affect your ability to work? Yes / No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

Have you had any work related accidents during the past three years: Yes / No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

**TO BE COMPLETED BY NON-NEW ZEALAND CITIZENS**

Are you a permanent resident of New Zealand? Yes / No

If no, are you in possession of an open work permit to work in New Zealand? Yes / No

If no, do you require a work permit to work in New Zealand? Yes / No

**PRIVACY ACT 1993**

The information which you supply on this Expression of Interest form is to assist Electrix with their recruitment and selection process. The information will be held securely on Electrix Limited’s files and under Electrix Limited’s Rules of Access. No information will be disclosed to third parties without your authorisation, except as required by law. Information on unsuccessful applicants will be confidentially destroyed.

However, often clients will require evidence of skills and experience, and you hereby give your consent to produce such information as necessary. Failure to complete all sections truthfully will render this Application invalid and, should you be successful in obtaining a role, can be grounds for dismissal.

**DECLARATION**

By signing the declaration below, you acknowledge that you have read the above statement and are aware of your rights under the Privacy Act 1993, that the Health & Safety information provided is correct, that you agree to undergo pre-employment drug testing in accordance with the company’s Alcohol and Drug Policy, that you give authority to referees as stated, and that all information provided in this application form is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_