

Great opportunity for an experienced CNC Press Brake Operator to join our clients team.

To be considered for this prime position you must have:

- + Some experience in setting-up and operating CNC Press Brake machines working with stainless steel.
- + Ability to work off of plans
- + A proven track record which demonstrates that you are customer focused and easy to get on with.

If you are driven by the customer - not by the clock, and would like to join our client as they experience an upturn in their business, then please contact us.

This work is temporary at this stage. We offer extremely competitive remuneration .

You must be able to pass a security check and could be subject to random drug testing.

1. Email responses:

Click on the 'Apply Online' button below, then attach your CV.

2. For overseas respondents:

It is important that you be aware of the fact that our clients can only employ people who have New Zealand permanent resident status or who have an appropriate work permit. Perhaps you may care to check the NZ Immigration web site at: <http://www.immigration.govt.nz/>

Application Form

Ref no: _____

Contact Information

First Name: _____ Surname: _____

Address: _____

Contact Telephone (day): _____ Contact Telephone (night): _____

Contact Mobile: _____ Contact Fax: _____

Email Address: _____

General information

Age: Under 20 20-35 35-45 45-55 55-65 65+

Are you currently looking at other roles? _____ Yes/No

If yes, what stage are you at with your job search? _____

What is your desired remuneration? \$NZD _____

What is your notice period? _____

Current position _____

Current pay level _____

Do you have a current drivers licence? _____ Yes/No

What classes of license do you have? _____

If no license, please state your current mode of transport. _____

Legal entitlement to work in New Zealand

Are you legally entitled to work in New Zealand? *(If you are not a New Zealand Citizen or do not have a New Zealand Residence Visa then you must attach copies of your documents of eligibility).*

Yes/No

Medical history

Do you have any medical condition that may affect your ability to carry out the position applied for? Yes/No

Have you every suffered any injury which resulted in you taking time off work? Yes/No

How many days absence have you had due to sickness in your last 12 months of employment?

0-5 6-10 11-15 over 16 days

Have you made any claim to ACC for any injury illness or condition? Yes/No

if yes please specify. _____

Do you smoke? Yes/No

Have you ever suffered from any of the following?

Back injury or back strain	Yes/No	High blood pressure	Yes/No
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Heart complaints	Yes/No	Diabetes	Yes/No
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Blackouts, fits, seizures	Yes/No	Hernia	Yes/No
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Asthma	Yes/No	Dermatitis or Eczema	Yes/No
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Hearing loss	Yes/No	Allergies	Yes/No
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Criminal records

A criminal conviction will not necessarily exclude you from being considered for any positions. Any previous convictions that meet the criteria of the Criminal records (Clean Slate) Act 2004 do not need to be disclosed. For information on the Act, see <http://www.justice.govt.nz/privacy/clean-slate.html>.

Have you ever been convicted of any offence in New Zealand or in any other country (other than minor traffic or parking offences) Yes/No

Are there any charges against you yet to be heard Yes/No

If you have answered yes to any of the previous two questions please provide details

Conflict of Interest

Our client must be fair and reasonable and avoid any appearance or suggestion of preferential treatment, favouritism, bias or discrimination. They use this information to determine if action can be taken to manage the actual or potential conflict.

Do you have other employment/interests that may be perceived to be in conflict with the employer? Yes/No

If yes, please provide details: _____

Do you have a spouse, partner, relative or household member working within the employer where there would be an indirect or direct reporting relationship? Yes/No

If yes, please provide details: _____

Do you have a spouse, partner, relative or household member working with an organisation that is closely related to the area and nature of the position you have applied? Yes/No

If yes, please provide details: _____

Do you have a financial or other interest in any organisation which could be associated with this position during the course of carrying out these duties? Yes/No

If yes, please provide details: _____

Referee Information

Please provide the names of two referees whose consent has been obtained and who may be contacted for a confidential reference. (Where possible, at least one of the referees should be able to give work-related information and should have managed or been senior to you in your current or most recent employment).

1. Name _____

Company _____

Relationship _____

Phone (day) _____ Fax _____ Email _____

2. Name _____

Company _____

Relationship _____

Phone (day) _____ Fax _____ Email _____

Privacy Act

I recognise that the information gathered by BOSS Group Ltd, relating to my own personal information has been collected solely for the purpose of determining my suitability for permanent and/or temporary employment with BOSS Group Ltd or with any other employer.

I grant permission to BOSS Group Ltd to disclose my information in reasonable discretion to the employing organisation directly or in the form of an appraisal or report. I agree that BOSS Group Ltd will not be held liable should confidential information pass into the possession of persons not intended by me to receive such information.

I grant permission to BOSS Group Ltd to conduct a police or credit check or collect information/make enquiries which are deemed appropriate.

I consent to collection use and storage of my personal and sensitive information. I have read and understood each of the statements in the BOSS Group Ltd Privacy Statement and voluntarily consent to personal and sensitive information about me being collected by you as outlined.

You have the right to access information withheld by BOSS Group Ltd regarding your own personal details. We will endeavour to ensure that your information is kept at all times private and secure.

Authorisation & Confidentiality

By submitting this form, you agree to the following:

I acknowledge that BOSS Group Ltd has been granted permission to contact prior or present employers that I have specified in written form as being appropriate to contact for the sole purpose of obtaining work-related references. Without limiting the generality of this authorisation, I authorise you to obtain any other information held by credit reference agencies or security companies.

I certify that all information volunteered in this application and resume is accurate and factual. I understand that my employment may be terminated if after investigation an employer discovers any information which I have provided, or which has been provided about me is false or misleading.

I authorise you to disclose, with my knowledge, confidential information which you hold about me to any potential employer and BOSS Group Ltd.

Signed _____ Date _____

Name (Please print) _____

Application checklist

CHECKLIST:

- Application form completed *(including referee information)*
- Covering letter
- One copy of full Curriculum Vitae
- Police Check completed
- Copy of id attached

Please do not send folders or original documents. Documents will not be returned.



Privacy Unit
 Ministry of Justice
 National Office
 P O Box 2750
 WELLINGTON

For Office Use Only

MoJ Request Number

REQUEST BY THIRD PARTY UNDER THE OFFICIAL INFORMATION ACT 1982 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE 'S COMPUTER SYSTEMS

SECTION 1: SUBJECT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY

I hereby authorise the Privacy Unit, Ministry of Justice, to release a copy of my personal information, to the undersigned Third Party, for the purpose of:

Pre-employment vetting

Insurance Claims vetting

Other (specify)

Tick the report required:

All convictions report Traffic Convictions Report

Signature of subject and date

X

X

I wish to receive a copy of the information provided to the Third party.

Yes / No

SECTION 2: THIRD PARTY DETAILS

Third Party Name Details

Full Name of Third Party

Full name and address of the person or agency the third party is acting for (if applicable)

Third Party Reference Number (if applicable)

Third Party Address Details

P.O. Box or Street Address

Suburb

City

State / Province

Post Code

Country

Signature of Third Party

X

The term "subject" refers to the person whose criminal convictions is being requested.

The term "third party" refers to the requestor or ultimate intended recipient, such as an employer, insurance company, credit agency et cetera.

The Ministry of Justice will process this request as soon as is reasonably practicable, and in any case no later than 20 working days from receipt of this application.

This application and associated letters and reports will be disposed of three months after processing the response.

Personal Details

Surname

First Name

Middle Names (separate by comma)

Date of Birth (DD/MM/YYYY)

Place of Birth

Gender (Male / Female)

Previous Names - Maiden Name, Aliases

Surname

First Name

Middle Names (separate by comma)

Postal Address

P.O. Box or
Street Address

Suburb

City

State / Province

Post Code

Country

Current Residential Address

Street Address

Suburb

City

State / Province

Post Code

Country

Daytime Phone Number

Home Phone Number

Fax Number

Previous Two Residential Addresses

Street Address

Suburb

City

State / Province

Post Code

Country

Street Address

Suburb

City

State / Province

Post Code

Country

Subject's Identification

Please attach a photocopy of the subject's identification. The identification may be a Driver Licence OR if subject does not hold a driver licence, a Passport. If subject has neither, the subject will need to complete Section 4.

Driver Licence

Passport

SECTION 4: PROOF OF IDENTITY

ONLY TO BE COMPLETED IF SUBJECT DOES NOT HAVE A DRIVER LICENCE OR PASSPORT
Subject to ask someone who can confirm their identity to fill in this section

The person who identifies subject must:

- have known subject for more than 12 months
- be aged 18 years or over
- have a day time phone number
- not be a relative
- not live at the same address
- be contactable during normal business hours

Surname First Name Middle Names (separate by comma)
[Input fields for name details]

Street Address Daytime Phone Number
[Input fields for address and phone number]

Suburb Home Phone Number
[Input fields for suburb and home phone number]

City Fax Number
[Input fields for city and fax number]

State / Province Post Code
[Input fields for state/province and post code]

Country
[Input field for country]

I declare that I have personally known:

Surname First Name Middle Names (separate by comma)
[Input fields for name details]

Signature of identifier
for [] years and vouch for his/her identity X
[Input field for signature and verification]

If subject is unable to get someone to complete Section 4, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Privacy Unit on 04 918 8800.