



HEAD OFFICE: P O BOX 108 Paeroa PHONE: 07 862 8727 FAX: 07 862 7940

## Application For Employment Form

Dear Applicant

Thank you for taking the time to personally complete this application form.

Please complete, sign and date the declaration below.

### Declaration

*I certify that the information in this application is true and complete. I authorise H G Leach to obtain references to support my application and I release H G Leach and my referees from any liability caused by giving and receiving this information.*

*Furthermore, I acknowledge that a false statement may be sufficient cause for termination of employment if my application is successful.*

*I understand that any offer of employment will be subject to a satisfactory medical clearance and drug test assessment.*

Position applied for \_\_\_\_\_

First name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Phone number (home) \_\_\_\_\_ Phone number (work) \_\_\_\_\_

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

Please Note: Late applications may not be accepted

### ***Completed application forms should be returned to:***

Human Resources  
H G Leach & Company Limited  
P O Box 108  
Paeroa



