



Anything, anywhere, fast ...

## 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 License?  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 with 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 this Company?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been previously 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 adjudged bankrupt ?	<input type="checkbox"/>	<input type="checkbox"/>

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

.....

## SECURITY CHECK

It is Kiwi Express Couriers policy to complete a detailed security check on all employees and contracts. Should you be successful in gaining a contract with Kiwi Express do you agree to the company completing the Ministry of Justice individual criminal convictions report under the office 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 of Independent contractor with Kiwi Express couriers. Completion of this form is not a offer of a contract with Kiwi Express.

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](mailto:recruitment@messenger.co.nz)