



PERMANITE™

FULL COLOUR MEMORIALS

Employment Application / Declaration

Applicant Information

Full Name: _____

Address: _____
Street Address

Phone: _____ Email _____

Date Available: _____ Desired Hourly Rate: \$ _____

Position Applied for: _____

Do you hold a full driver's license? YES NO

Do you consent to drug testing? YES NO

Do you smoke and or vape? YES NO

Have you ever been convicted of a criminal offence? YES NO

If yes, explain: _____

Medical Declaration

Do you have any medical conditions that will affect your employment?
This includes Mental Health, Disabilities, Disorders, Migraines and Past Injuries.

YES NO

If yes, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate termination.

Signature: _____ Date: _____

WRITE YOUR FULL NAME IN THE SIGNATURE BOX
IF YOU ARE UNABLE TO DIGITALLY SIGN

EMAIL THIS COMPLETED FORM, ALONG WITH YOUR CV AND COVER LETTER TO: apply@permanite.co.nz