

**INDEPENDENT CONTRACTOR APPLICATION FORM**

**Personal Details:**

<b>Mr</b> <input type="checkbox"/> <b>Miss</b> <input type="checkbox"/> <b>Ms</b> <input type="checkbox"/> <b>Mrs</b> <input type="checkbox"/>	<b>Surname:</b>	<b>First Names:</b>
<b>Address:</b>	<b>Telephone Numbers</b> <b>Home:</b> <b>Work:</b> <b>Mobile:</b>	
<b>Date of Birth:</b>	<b>Email address:</b>	
<b>Do you have a Visa?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please state which applies: <b>Holiday Working Visa</b> <input type="checkbox"/> <b>Working Visa</b> <input type="checkbox"/> If Holiday working Visa please state expire date:	<b>Drivers licence:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Full</b> <input type="checkbox"/> <b>Restricted</b> <input type="checkbox"/> <b>Learners</b> <input type="checkbox"/> <b>Drivers licence Number:</b>	
<b>Do you know anyone who works for Abseil Access?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please state name: <b>Do you have your own Abseil Kit?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Have you previously applied for a job or attended an interview with Abseil Access?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Reason for leaving current employer?</b>		
<b>Name of Supervisor?</b>		
<b>Type of work achieved?</b>		
<b>What period of notice are you required to give your present employer?</b>		
<b>When are you available to start work?</b>		

Qualifications, Level and date achieved			
Name of Qualification	Level	Date Achieved	Country of issue
Avalanche Safety <input type="checkbox"/>			
BOSIET <input type="checkbox"/>			
Confined Space <input type="checkbox"/>			
CQP <input type="checkbox"/>			
Explosives ticket <input type="checkbox"/>			
Fall Arrest <input type="checkbox"/>			
First Aid Course <input type="checkbox"/>			
IRAANZ <input type="checkbox"/>			
IRATA <input type="checkbox"/>			
Pre Hospital Emergency Care (PHEC) <input type="checkbox"/>			
Rigging Ticket <input type="checkbox"/>			
Working at Heights <input type="checkbox"/>			
<b>Please list any other qualifications held.</b>			

Experience	Months Experience		Months Experience
Anchor Installation <input type="checkbox"/>		High Rise Building Maintenance <input type="checkbox"/>	
Arborist <input type="checkbox"/>		Mechanic <input type="checkbox"/>	
Bridge Building <input type="checkbox"/>		Offshore Work <input type="checkbox"/>	
Construction / Building <input type="checkbox"/>		Painting <input type="checkbox"/>	
Drilling <input type="checkbox"/>		Rigging <input type="checkbox"/>	
Electrical <input type="checkbox"/>		Rock Fall Protection <input type="checkbox"/>	
Glazing <input type="checkbox"/>		Supervisor <input type="checkbox"/>	
Geotechnical <input type="checkbox"/>		Weeding <input type="checkbox"/>	
Explosives <input type="checkbox"/>		Welding/Fabrication <input type="checkbox"/>	
<b>Please list any other Experience and Skills</b>			

Please describe your ideal job and include your past experience that would show you would be able to carry this out:

**Certificate and Acknowledgement**

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if contracted falsified statements on the Application form will be considered ground for termination of contract agreement.

**Office use only**  
**Date Received:**

CONFIDENTIAL