

## Application for Cleaner Sub Contracting

### CONTRACTOR DETAILS

First Name:	Surname:
Address:	

### CONTACT DETAILS

Home Ph:	Mobile:
Email:	

Are you a Permanent resident of New Zealand? Yes  No

If no, the what type of visa do you hold?	Expiry Date:
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Sex: F  M  Date of Birth:

Do you have your own transport? Yes  No

Do you suffer from any illness which may impact on your ability to perform the services? Yes  No

Details:

Do you smoke? Yes  No

Do you consent to us obtaining a criminal record check from the New Zealand Police? Yes  No

### COMPANY DETAILS

Company Name:
Trading As:

Are you GST registered? Yes  No

GST No:	
Company Registration No:	Company Registration Date:

Integrated Property Maintenance Limited



**HEALTH & SAFETY:**

Do you have a health and safety policy?

Yes  No

Please provide a copy with this application.

Have you or your company ever been investigated by WorkSafe?

Yes  No

If so, please provide details.

Are you interested in:  Night time cleaning  Early morning cleaning  
 Day time cleaning  Weekend cleaning

In case of a day time one off job, do you want us to contact you? Yes  No

**EXPERIENCE:**

How long have you been cleaning for?

What experience do you have?

Machine cut & polish Yes  No  Machine buffing Yes  No   
 Carpet cleaning Yes  No  Window cleaning Yes  No   
 Builders clean Yes  No  Up to what height can you clean?

Names of people in your team & years of experience:

Surname:	First Name:	Years:
Surname:	First Name:	Years:
Surname:	First Name:	Years:
Surname:	First Name:	Years:

What equipment do you own?

<input type="checkbox"/> Vacuum cleaners	<input type="checkbox"/> Mops & buckets	<input type="checkbox"/> Squeegee window cleaning
<input type="checkbox"/> Toilet cleaning gear & disinfectant	<input type="checkbox"/> Machine buffer & scrubber	<input type="checkbox"/> Carpet cleaning machine
<input type="checkbox"/> Car	<input type="checkbox"/> Water blaster	<input type="checkbox"/> Ladders
<input type="checkbox"/> Van	<input type="checkbox"/> Blower	

**REFEREES:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to this person: \_\_\_\_\_ Phone: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to this person: \_\_\_\_\_ Phone: \_\_\_\_\_

**DECLARATION:**

I (full name)

- 1 Declare to the best of my knowledge, the answers given in this form are correct and I understand that if any false or misleading information is given or material fact suppressed, I may not be accepted or I am, my contract with be terminated
- 2 Declare that I have read and fully understand this declaration.

Signed:

Dated:

**DOCUMENT CHECKLIST:**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Proof of company's Health & Safety systems   |
| <input type="checkbox"/> | Contractor Certification & licences  |
| <input type="checkbox"/> | Copy of Public Liability   |
| <input type="checkbox"/> | Copy of Professional Indemnity Insurance certificate   |
| <input type="checkbox"/> | Safe work methods, procedures, instructions for work (including a list of hazards that will be brought on site and the controls in place for hazard reduction) |
| <input type="checkbox"/> | Completed Permits to Work (where applicable)   |
| <input type="checkbox"/> | Photo ID (New Zealand driver's licence/passport)   |
| <input type="checkbox"/> | Certificate of Incorporation   |

**OFFICE USE ONLY:**

Interviewed by:

Bank details:

IRD No:

GST No:

Contract commencement: