

TRADEZONE THAMES - Territory Sales Representative

Are you a motivated sales professional with a strong understanding of regional industry? Do you excel at developing business opportunities and building long-term customer relationships? If you are ready to apply your experience, strengthen brand presence, and identify opportunities in a dynamic market, this role offers an excellent next step in your career.

- Competitive salary and benefits
- Opportunity to make your mark developing this role
- Growth opportunities with Industrial and Engineering Supply specialist

As a Territory Sales Representative for the Coromandel Peninsula and Hauraki Plains, you will play a key role in driving customer engagement and business growth through:

- Strengthening relationships with key customers
- Identifying new business opportunities and expanding market reach
- Maintaining and enhancing our reputation for trust and dependable service
- Leveraging our extensive supplier network to deliver tailored solutions for customer requirements

We are seeking a capable sales professional who can act as a trusted advisor, deliver strong commercial results, and negotiate with confidence and professionalism.

What You'll Bring

- A proven track record in B2B or trade sales
- Experience using CRM systems, customer profiling tools, and disciplined territory management practices
- Strong written and verbal communication skills, with the ability to influence and build credibility

All candidates must have NZ residency or a valid NZ work visa.





EMPLOYMENT APPLICATION

Your personal completion of this Application Form in full is a requirement for our recruiting process. Please complete the boxes in full, do not write "Refer to CV" on application form. Your CV is to be an attachment only.

PURPOSE

This information will be used by the Company to assist in the consideration of your suitability for the position for which you are applying and, if accepted, may be reviewed with regard to subsequent changes in employment with the Company.

In accordance with the Privacy Act 1993, if you are successful in your application for employment, the following information shall form part of the Company's personnel records. The Company may also retain this information relating to unsuccessful applicants for a period of up to 12 months. You are entitled to access this information upon written request to the Company's Managing Director.

NOTE: The acceptance of this form does not indicate that there is any obligation on the company to engage the applicant.

PERSONAL INFORMATION	
Date of application:	
Position applied for:	
Full Name: <i>(block letters please)</i>	
Please list any other name under which you have been employed or educated:	
Home Address:	
Length of time at this address	Years Months
Mailing Address: <i>(If different from above)</i>	
Home Phone Number	(.....)
Mobile Phone Number	(.....)
Email Address
Emergency Contact Person
Relationship

Contact Phone Number	(.....) <i>Optional now, required if application is successful</i>
Are you of / beyond school leaving age	Yes / No
LEGAL WORK STATUS Are you legally entitled to work in New Zealand? If so, as:	Yes / No
A New Zealand Citizen	<input type="checkbox"/>
A permanent resident	<input type="checkbox"/>
A holder of a current work permit	Expiry Date:/...../.....
Interests, hobbies, sports, clubs or community activities?	
Have you any current criminal or driving convictions (not including any concealed under the Clean Slate Act) for any matter involving money or physical safety, including but not limited to: drug or alcohol offenses, fraud, forgery, stealing, assault, battery, weapons?	Yes / No <i>(if yes, please give details)</i>

MEDICAL INFORMATION	
<i>Please note that any offer of employment made is subject to your completing the Company's pre-employment medical and obtaining a full medical clearance.</i>	
If your application is successful, do you agree to undergo a medical examination if requested?	Yes / No
Have you had any injury or medical condition caused by gradual process, disease or infection E.g. hearing loss, sensitivity to chemicals, repetitive strain or back injuries that may be aggravated or further contributed to by the tasks of this job?	Yes / No <i>(if yes, please give details)</i>
Have you suffered from any illness that may affect your performance on the job?	Yes / No <i>(if yes, please give details)</i>
Is there any medical condition you would like to disclose now that might affect yours or others safety when doing specific tasks?	Yes / No <i>(if yes, please give details)</i>

GENERAL INFORMATION	
Have you previously worked in the hardware industry?	Yes / No <i>(if yes, please give details)</i>
Do you have a spouse, partner, relative or household member working here or elsewhere in the industry?	Yes / No <i>(if yes, please give details)</i>

Is there anything which may affect your availability to work on any of the seven days i.e. including weekends and Public Holidays?	Yes / No <i>(if yes, please give details)</i>
What days and hours are you available to work?
What are your preferred days and hours to work? <i>(If different from above)</i>
Is there anything which may affect your regular attendance at work e.g. studying, Territorial Army commitments?	Yes / No <i>(if yes, please give details)</i>
Are you prepared to work extra hours if required?	Yes / No
Do you have a current valid drivers licence? Licence information: Any special conditions or restrictions? Any demerit points? <i>(Please supply details if job related)</i>	Yes / No Class:..... #..... Yes / No Yes / No
Are you prepared to handle all products, materials, and equipment used in the industry?	Yes / No

EDUCATION AND QUALIFICATIONS	
School Certificate / NCEA Level 1	Yes / No
Sixth Form Certificate / NCEA Level 2	Yes / No
University Bursary / NCEA Level 3	Yes / No
Name of secondary school(s) attended
Academic Qualifications Name and address of tertiary institution attended	Yes / No <i>(Please give details)</i>
Certificate	<input type="checkbox"/>

Diploma Degree Post Graduate Diploma Subjects specialised in:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Trade Qualifications held Do you have apprenticeship papers? In what trade were you apprenticed? Name and address of the employer: Trade Certificate Advanced Trade Certificate	Yes / No
Languages (<i>other than English</i>) <i>Are you able to hold an every day conversation in these language(s)?</i>	Yes / No (<i>Please specify</i>)
Other Qualifications Certificates Licences (including forklift or HT)	<i>(Please give details – use a separate sheet if you require more space and also attached a copy of your Record of Learning)</i> Yes / No

EMPLOYMENT HISTORY (PLEASE FILL IN <u>AND</u> ATTACH RESUME)	
For the purposes of compliance with the Privacy Act 1993, do you consent to the Company contacting your present or past employers for the purposes of reference checking?	Yes / No
If your application is successful, when could you commence employment?	
<u>Most recent Employer (1)</u>	
Company Name	
Address	
Number of hours worked per week	
Position Held	
Main Duties

Length of Service	From.....(Month).....(Year) TO.....(Month).....(Year)
Reason for Leaving	
<u>Most recent Employer (2)</u>	
Company Name	
Address	
Number of hours worked per week	
Position Held	
Main Duties
Length of Service	From.....(Month).....(Year) TO.....(Month).....(Year)
Reason for Leaving	
<u>Most recent Employer (3)</u>	
Company Name	
Address	
Number of hours worked per week	
Position Held	
Main Duties
Length of Service	From.....(Month).....(Year) TO.....(Month).....(Year)
Reason for Leaving	
Please give details of any other Job you believe may be relevant
Do you have secondary employment	Yes / No (Please give details)

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REFEREES

Name	Position	Company	Phone Number

DECLARATION

I, (Full Name – please print)

- Declare that to the best of my knowledge the information provided in this application and in any resume attached is accurate.
- I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment will be terminated without notice.
- I further understand that any offer of employment if made, is conditional on my obtaining a full medical clearance through the Company’s pre-employment medical.

Consent in relation to information access & retention is required for compliance with the Privacy Act.

- Consent to the Company retaining the information contained in this application form for the purposes of considering my suitability for any other position which may arise with this Company in the future.
- Consent to the Company seeking verbal or written information, on a confidential basis, about me from representatives of my previous employers and/or referees and; authorise the information sought to be released by them to the Company for the purposes of ascertaining my suitability for the position which I am applying.
- Consent to the Company seeking criminal conviction checks and credit checks where applicable.
- Consent to the Company contacting ACC in order to ascertain any claims / payments that are current.

I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.

Signature: Date: