

Application for Employment



Thank you for applying for a position at EastPack

- This information is collected for the purpose of assessing your suitability for employment at EastPack.
- This application is for employment at EastPack and forms part of the conditions of employment.
- Applicants must be 16 years of age or more.
- The completion of this form does not indicate there is any obligation on the Company to engage the applicant.

PERSONAL DETAILS

First Name(s):		Home Ph:	
Surname:		Mobile:	
Address		Nationality:	
Town:		Date of Birth:	
Email		Gender:	Male <u>or</u> Female
Emergency Contact Name:		Relationship:	
Emergency Contact Phone Numbers:			

Position Applied For:	

HAVE YOU WORKED IN A PACKHOUSE BEFORE? (Circle one)

If YES, where?

What was your job?

Never	Yes- One Season	Yes - Two or more seasons		
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WHAT TYPE OF SHIFT WOULD YOU LIKE TO WORK? (Circle one only)

Any Shift	Day	Night	Relief	
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Are there any days you are not available to work? If yes please give details.

Do you have another job or personal circumstances that may interfere with your work here? If yes please give details.

NB: Staff may be rotated to any suitable position in order to maintain optimum production.

SKILLS AND LICENCES:

(Please attach photocopies of licences/certificates)

List relevant qualifications/certificates/licences - e.g. First Aid, Forklift

Licence Number

Expiry Date

EMPLOYMENT HISTORY:

Name of Last Employer	Phone No:	Date Employed	Position Title	Reason for Leaving

ARE YOU LEGALLY ENTITLED TO WORK IN NEW ZEALAND? (Circle one)

1. As a New Zealand Citizen Yes / No **OR**
2. As a permanent resident Yes / No **OR**
3. As a holder of a current Work Permit/Visa Yes / No (If YES) **Type:** _____

Please show your passport to be sighted & photocopied.

Expiry Date:

HEALTH & SAFETY: (Circle Yes or No)**If YES to any of these questions please give details below ▼**

Do you have a medical, allergic or physical condition or injuries that may affect your ability to effectively carry out your duties?	YES / NO	
Are you currently receiving medical treatment or are you taking prescription medicine?	YES / NO	
Do you need to bring prescription medicine to work?	YES / NO	
Do you have a hearing disability?	YES / NO	
Have you ever suffered a back injury?	YES / NO	
Have you ever claimed compensation from ACC?	YES / NO	Reason?
If you are offered employment, the offer may be subject to your obtaining a full medical clearance (by completion of medical examination) to assess your fitness for the job for which you are applying. Do you consent to undergo a medical examination if you are offered employment? Yes / No		
Employee Suitability for Food Handling. Have you been diagnosed with any infectious disease or blood borne infections, or suffered persistent vomiting or diarrhea in the last 12 months, which we need to be aware of for food safety requirements? (refer Site Hygiene rules): Yes / No If yes, please provide details:		
Are you currently receiving a Work and Income Benefit:	Yes	No

CRIMINAL OFFENCES:

Do you have any criminal convictions? Do not include any concealed under the Criminal Records (Clean Slate) Act 2004?	Yes	No	If YES please give details here:
Are there any charges pending against you?	Yes	No	

DECLARATION AND CONSENT

I consent to EastPack seeking information, on a confidential basis, about me from any previous employers or referees and authorise the information sought to be released for the purposes of ascertaining my suitability for the position for which I am applying. The information received by EastPack is supplied in confidence, and evaluative material will not be disclosed. I also consent to EastPack seeking information from Government Agencies or providing information to Government Agencies for employment related purposes.

I understand that EastPack may require me to attend an unpaid pre-season assessment training session, and that any payment for further training in a specialist role (e.g. QC or EDI) will be at EastPack's discretion and would only be made if I was offered, and began, employment.

I have read (or had explained to me) the Site Hygiene and Health Rules and understand the requirements concerning my responsibilities under this agreement to comply with reporting requirements, work restrictions or exclusions that are imposed upon me and good hygienic practices.

For the purpose of providing a safe and healthy workplace, I acknowledge that I may be asked to undergo a pre-employment drug test. Refusal to undergo a drug test or a failed test will result in me not being employed. If I am employed before the results of my pre-employment drug test are available and/or receive a failed result, then my employment will terminate immediately. I also acknowledge that I may be drug/ alcohol tested, following a workplace accident/ incident, reasonable cause and randomly tested. Refusal to undergo a drug/ alcohol test is considered serious misconduct and may result in immediate dismissal.

I understand that EastPack may need to take a digital photo of me for security and identification purposes. I understand that EastPack may also complete a security check with the New Zealand Police.

I declare that all information supplied in this application is true and correct and I understand that if any incorrect, misleading or suppressed information on this form or on any other document provided to EastPack in any form whatsoever by any means, may lead to disqualification, or if appointed, to termination of employment.

Signature:		Date	
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OFFICE USE ONLY

Confirm Work Permit:	Y / N / NA	Employment Agreement	Y / N	Appointment Date:
Photocopy Passport:	Y / N / NA	Checked Visual?	Y / N	Appointment Time:
Check VisaView:	Y / N / NA	Employment Officer:		
Viewed Licenses:	Y / N / NA			
COMMENT:				

REPORT TO HR TO FILL IN DOCUMENTATION, bring your IRD Number and Bank Account Number