

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

Congratulations for taking the first step to join our team. Please take the time to personally complete this application (please print). If you require any special assistance to complete this form, please advise us of your requirements. *If including a CV, please do not send original documents as CVs will not be returned.*

The completion of this does not indicate that there is any obligation to engage or employ the applicant. This information is collected for the purpose of assessing your suitability for employment at Four Square Wainui Rd.

APPLICANTS DETAILS: (please print in BLOCK LETTERS)

Date:				
Title:	Mr/Mrs/Miss/Master/Other:			
First Name:				
Last Name:				

CONTACT DETAILS: (please print in BLOCK LETTERS)

Address:	
Suburb/City:	
Phone:	
Email:	

Was your legal age at your last birthday over 16? (circle) YES / NO

Your Legal entitlement to work in New Zealand (Please tick box that applies to you)

<input type="checkbox"/>	I am a New Zealand Citizen	<input type="checkbox"/>	I hold a New Zealand Residence Permit
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Note: Failure to have clear evidence of being legally able to work in New Zealand or providing false information or misrepresenting your eligibility to work in New Zealand may result on any employment being terminated or an offer of employment withdrawn.

PLEASE NOTE: YOU ARE REQUIRED TO PROVIDE EVIDENCE OF YOUR LEGAL RIGHT TO WORK IN NZ WHERE APPROPRIATE

Position Applied For (if applicable):
If successful, when would you be available to commence employment?
<u>AVAILABILITY</u>
Do you have any obligations/commitments/interests which may require absence or may interrupt your regular attendance at work? Please specify (e.g. representative sport)

AVAILABILITY CONT.

What type of employment are you looking for? (Please circle) FULL TIME / PART TIME

Do you currently have any secondary employment? YES/NO

If yes, with whom?

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Are you prepared to work extra shifts or overtime if requested? YES/NO

As this is a seven-day operation there will be a requirement to work at least one partial or full weekend day each week.
Is this an issue? YES/NO

Please indicate the hours you are **NOT** available to work:

(Note departments generally operate within the hours of 5am-8pm, with exception of Night fill)

	Time From:	Time To:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

EDUCATION:

What is your highest level of Education attained? (Secondary, University, Tech. please provide details)

Are you currently undertaking any studies? YES/NO

Do you hold any relevant NZQA certificates or other industry related qualifications? YES/NO

Please provide details (e.g.: Trade Qualified, General Managers Liquor Cert, SAP, Payroll, Food Safety, Health and Safety, First Aid Cert)

NB: Evidence of qualifications will be required prior to any offer of employment

SKILLS AND EXPERIENCE

Please outline below your skills and experience which are relevant to this position:

EMPLOYMENT HISTORY

Please list your previous work experience below

From:	To:	Job Title	Company	Reason for Leaving

Please list any reasons for breaks in your employment history:

GENERAL INFORMATION

What transport arrangements do you have to attend your place of employment? (e.g. own vehicle, public transport etc.)

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Are you prepared to handle all products, materials or equipment used in the industry? YES/NO

Alcohol and Meat products – if no please state why

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Have you ever worked for Foodstuffs North Island or an associated company before: YES/NO

Do you have a spouse, partner, relative, household member, friend or associate working here or elsewhere in foodstuffs? YES/NO

If yes, please indicate below whom they are where they work and the position they hold.

Do you consent to participate in a pre-employment drug test? YES/NO

Do you have any criminal convictions, not including any legally concealed under the Clean Slate Act? YES/NO

If yes, please provide details:

Have you been subject to a Diversion ordered by the Courts? YES/NO

If yes, please provide details:

GENERAL INFORMATION cont.

Are you awaiting the hearing of charges in a civil or criminal court of law? YES/NO

If yes, please provide details:

Do you consent to an MOJ check if requested as a condition of your employment? YES/NO

NB: Convictions or pending court dates do not necessarily exclude you from consideration for a position.

You are not required to provide any information that is eligible to be concealed under the Criminal Records (Clean Slate) Act 2004 (under the Criminal Records (Clean Slate) Act 2004, you may only legally conceal / withhold a criminal offences providing all of the following are met: 1. no convictions within the last 7 years; 2. never been ordered by a Court during a criminal case to be detained in a hospital due to his/her mental condition, instead of being sentenced; 3. never been sentenced to a custodial sentence (e.g. imprisonment, corrective training, borstal); Not been convicted of a "specified offence" (e.g. sexual offending against children and young people or the mentally impaired) 4. paid in full any fine, reparation or costs ordered by the Court in a criminal case; 5. never been indefinitely disqualified from

driving under section 65 Land Transport Act 1998 (or earlier equivalent provision).

PRIVACY ACT CONSENT

Do you consent to the Company retaining the information contained in this application for the purposes of considering your suitability for other positions which may arise with this Company in the future? YES/NO

MEDICAL

It is important that all questions in this section are answered fully

Have you had an injury or medical condition caused by gradual process, disease or infection for example hearing loss, allergy or sensitivity to chemicals, exposure to asbestos, skin irritants or repetitive strain injuries that may be aggravated or further contributed to by the tasks of this job? YES/NO

If yes, please give details below and information on preexisting conditions and on how Four Square Wainui Rd might reasonably accommodate your disability or condition.

Do you suffer from any injury, ailment or other disability (mental or otherwise?) which may adversely affect your regular attendance at work or adversely affect your work performance? YES/NO

If yes, please give details below

Do you agree to see the company doctor, at the company expense, in all instance of work related injury? YES/NO

NB: 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 requested as a condition of your employment? YES/NO

REFEREES:

Please provide the details for at least two referees whom maybe contacted for a reference. One needs to be a Direct Manager (if applicable).

REFEREE 1:

Name:		Position / Job Title:	
Relationship to you e.g. Manager:			
Contact Address:			
Contact Phone Number:			

REFEREE 2:

Name:		Position / Job Title:	
Relationship to you e.g. Manager:			
Contact Address:			
Contact Phone Number:			

DECLARATION

I, (Full Name)-

- Declare that the answers to the questions in the application are true and correct and I understand that the information requested within this application form is sought to establish my suitability for the position that I am applying and that if I do not provide such information then this application for employment may be rejected.
- Authorise any screening processes Four Square Wainui Rd sees fit to exercise in considering this application. I understand this process may include verifying previous employer references and checking of criminal and medical records.
- Note that any offer of employment does not constitute an employment agreement until a separate agreement has been evidenced in writing and signed by Four Square Wainui Rd and myself.
- Am not aware of any personal circumstance, medical condition or disability that would limit my ability to adequately perform the role for which I seek appointment.
- Accept that, should my application be successful, the foregoing information will form part of my contract of employment and falsification of any information is grounds for dismissal.

Signature.

Date.

**Thank you for applying for a position at
Four Square Wainui Rd**