

# MASTERTON NEW WORLD APPLICATION FOR EMPLOYMENT

(Must be completed by the applicant in own handwriting)

**CONFIDENTIAL**

**DATE:**

## COLLECTING AND HOLDING PERSONAL INFORMATION:

The information you provide on this application for employment form will be collected and held by the Personnel Officer for the purpose of assessing your suitability for employment at Masterton New World.

## YOUR ACCESS TO THIS INFORMATION:

You have the right of access to personal information and to seek any correction you think necessary to ensure accuracy.

## NOTE:

You should provide complete information in answer to each question unless otherwise advised, regardless of whether you consider it relevant to the position applied for. Any false information provided could lead to the Termination of your employment with Masterton New World.

## SECTION ONE ~ PERSONAL INFORMATION (Please Print)

First Name(s) .....  
Family Name .....  
If your known by any other name .....

Address: Residential .....  
.....  
Contact Phone Number .....

Are you a student    Yes / No    Year   11    12    13    Uni/Polytech

E-Mail Address .....

Date of Birth .....

Person to contact in any emergency:

Name .....  
Contact Phone Number .....  
Relationship to you .....

IF YOU ARE NOT A NEW

ZEALAND CITIZEN, what evidence .....  
.....  
can you produce of your entitlement to .....  
work in New Zealand

I am interested in any vacancy you might have in any of the following sections of the supermarket:

Liquor

Bakery

Office

Deli Serve over

Laundry/Cleaning

Checkout Operator

Lotto

Storeroom

Freezers/Chilled

Bulk Foods

Produce

Butcher

Meat Packer

Grocery Assistant

Café

Are you seeking employment on a

FULL-TIME basis

☐

or PART-TIME basis

☐

Please list the hours you COULD be available for, if required, and the MAXIMUM number of hours you are prepared to work EACH DAY. Please indicate the days you are unavailable or unprepared to work. You are required to work one day in the weekend.

	Time From	Time To	Total Number of Hours	Any Hours (Please Tick)	Not Available (Please Tick)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

## SECTION TWO ~ EDUCATION

(Including University, Further Education etc)

NAME OF SCHOOL/COLLEGE ETC	FROM	TO	QUALIFICATIONS (IF ANY)
TRADE QUALIFICATIONS (IF ANY)			

APPRENTICESHIP DETAILS (WITH WHOM WERE YOU APPRENTICED?)			

### SECTION THREE - EMPLOYMENT HISTORY

(Start with the most recent position)

NAME OF EMPLOYER	ADDRESS	LENGTH OF SERVICE <i>FROM TO</i>		POSITION HELD	NATURE OF WORK	REASON FOR LEAVING
<b>REFEREES:</b> PLEASE GIVE DETAILS OF THREE REFEREES WHO MAY BE CONTACTED. PREFERABLY TWO WORK-RELATED REFEREES AND ONE PERSONAL REFEREE.						
NAME	ADDRESS	TELEPHONE NO.		OCCUPATION		

## SECTION FOUR ~ GENERAL

Have you ever been charged or convicted of a criminal offence?      Yes      ☐      No      ☐

If yes, give brief details:

.....  
.....

Do you have any outstanding charges against you which are      Yes      ☐      No      ☐  
currently being investigated by New Zealand Authorities?

If yes, give brief details:

.....  
.....

Have you ever been dismissed by an employer, or resigned due to      Yes      ☐      No      ☐  
Pending disciplinary action?

If yes, give brief details:

.....  
.....

Do you have any commitments which may prevent you from      Yes      ☐      No      ☐  
attending your place of employment during ordinary hours or  
affect your availability for overtime?

If yes, give brief details:

.....  
.....

Are you a member of a territorial force unit or volunteer fire      Yes      ☐      No      ☐  
brigade?

If your application is accepted, when could you commence  
employment?

.....

Have you worked shifts before?      Yes      ☐      No      ☐

Are you prepared to work overtime?      Yes      ☐      No      ☐

Are you prepared to work shifts?      Yes      ☐      No      ☐

Do you have a problem performing any of the following tasks:

Standing for long periods of time      Yes      ☐      NO      ☐

Kneeling      Yes      ☐      NO      ☐

Lifting from floor to shelf      Yes      ☐      NO      ☐

Climbing stairs/ladders      Yes      ☐      NO      ☐



## SECTION FIVE

(All questions must be completed)

Have you ever suffered any injury which has resulted in you taking time off work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever made a claim under the ACC scheme?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you allergic to, or have sensitivity to any substances or chemicals?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever suffered any back injury or back strain?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever suffered from any overuse injuries? e.g., RSI or OOS	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you taking any drugs or medicine?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes to any of the above, give brief details.

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### HAVE YOU SUFFERED ANY:

Hearing loss	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Heart complaint	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Blackouts or fits/seizures	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hernia	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Colour blindness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dermatitis or eczema	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Arthritis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any other condition which may affect your ability to effectively carry out the functions and responsibilities for the position applied for	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, give brief details:

.....

.....

How many days absence claimed due to sickness in your last 12 months of employment?

0-2	3-5	6-10	11-15	16-20	Over 20 days
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## SECTION SIX ~ DECLARATION

I, ..... (Full name) declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed. I also understand that any false information given in section 5, the medical portion of this form may result in my loss of entitlement for any compensation from ACC.

Signature ..... Date .....

Signing of this form gives automatic authorisation to Masterton New World, to contact the employer from the Foodstuffs store you previously worked for (if applicable).

## SECTION SEVEN ~ ADDITIONAL INFORMATION

Do you have any additional information which you would consider may assist your application. For example, achievements, interests, aspirations, etc. If so, please list below or attach any additional information to this application form.

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.....  
.....  
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PERSONNEL/EMPLOY.DOC

