



APPLICATION FORM FOR SEASONAL EMPLOYMENT

This form is to be completed personally by the applicant. Photo identification must be supplied with this form. The completion of this form does not indicate that there is any obligation on the company to employ the applicant, however should the applicant subsequently be employed, the information on this form will be held on file.

Date:

Personal Details

First Name (s): Home Phone:

Surname: Mobile:

Address:

Other Phone:

Gender: Male Female

Email: DOB: (If under the age of 16)

Are you known by any other name? (if yes, please specify):

Are you entitled to Work in New Zealand?

Yes No Note: We are legally obligated to obtain evidence that you are entitled to work in NZ.. NZ citizens may provide a copy of their birth certificate or passport.

If Yes, tick which applies NZ Citizen Permanent Resident Current Work Visa Current Student Visa

Preferred Position/s - Packhouse

Packer Grader Tray Preparation Quality Control

Stacker Strapper Bin Tip Operator Forklift Operator *

Preferred Position/s - Orchard

Picking Tractor Driving Forklift Operator* * Do you have a current OSH forklift certificate? Yes No

Note: All staff employed in safety sensitive areas will be required to undergo a pre-employment drug test.

Preferred Shift (Note: Staff may be rotated to any suitable position to maximise production)

Day (Mon-Sun, 6 days, 6am—5.30pm) Night (Mon-Sun, 6 days, 6pm—5.30am) Any Shift

For the purpose of compliance with the Privacy Act 1993, do you give permission for us to speak with your previous employer for the purpose of reference checking? Yes No

Work History

Are you currently employed? Yes No

If yes, please give details.

Have you worked for Hume Pack-N-Cool Ltd before? Yes No

If yes, please state position held

Have you worked in any other Packhouse/Coolstore/Orchard? Yes No

If yes, please give details.

Have you ever been dismissed by a previous employer? Yes No

If yes, please give details

List the names and details of two past employer referees (not family members)

Name	Company	Phone Number

Medical Information

Have you or do you suffer from any of the following? Please tick. All medical information supplied will be treated as private and confidential and will not be disclosed to third parties.

- | | | | | | |
|--|--|--|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Heart condition | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Repetitive strain injury |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Broken or fractured bones | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Jaundice | <input type="checkbox"/> TB |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Chest trouble e.g. Bronchitis | <input type="checkbox"/> Eye problem/ Eye Defect | <input type="checkbox"/> Hepatitis/kidney or Bladder trouble | <input type="checkbox"/> Painful joints (e.g. shoulders, elbows, wrists, hands, knees) | <input type="checkbox"/> Tetanus immunisation |
| <input type="checkbox"/> Back/Neck trouble | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent cough or colds | <input type="checkbox"/> Hernia/Rupture | <input type="checkbox"/> Recurring migraines/headaches | |
- I have not and do not suffer from any of these conditions.

Do you suffer from or have suffered from any injury or medical condition caused by gradual process disease or infection (e.g. repetitive strain injury occupational over-use syndrome back injury or strain) that this job may aggravate or contribute to? If yes, please provide details.

Yes No

Have you suffered recently or repeatedly from infections of the hands, fingers, ears, mouth or throat? If yes, please provide details.

Yes No

Have you sought medical advice for any of the following in the last 12 months – Persistent Diarrhoea, Vomiting or Enteritis? If yes, please provide details.

Yes No

Do you suffer from any skin complaint, e.g. Eczema, Psoriasis, Acne? If yes, please provide details.

Yes No

Have you travelled abroad in the last 6 months and suffered diarrhoea or vomiting whilst away or on return? If yes, please provide details.

Yes No

Do you suffer from any foot condition preventing you from wearing protective or covered footwear? If yes, please provide details.

Yes No

Do you have any problems standing, climbing stairs, working at heights, lifting or carrying? If yes, please provide details.

Yes No

Are you currently having any treatment or taking any medicines? If yes, please provide details.

Yes No

Have you been referred to a specialist within the last 5 years, or been admitted into hospital? If yes, please provide details.

Yes No

Have you ever had an illness causing you to be off work for over 2 weeks? If yes, please provide details.

Yes No

Are there any other medical conditions that may affect your work or ability to work? If yes, please provide details.

Yes No

Do you have a Medical Alert? If yes, please provide details.

Yes No

Have you claimed for ACC in the previous 12 months? If yes, please provide details.

Yes No

Criminal Offences

Do you have any criminal convictions? If yes, please give details.

Yes No

Do not include any concealed under the Criminal Records (Clean Slate) Act 2004.

Are there any charges pending against you? If yes, please give details.

Yes No

Are you currently on periodic detention or doing community service? If yes – what day / days of week does this affect?

Yes No

Languages

Can you speak English?

Yes No

Do you understand verbal English?

Yes No

Do you understand written English?

Yes No

Can you speak any other languages? If yes, please state.

Yes No

WINZ

Are you currently registered with WINZ?

If yes – Are you happy to sign this declaration on the basis that we share information regarding your employment with WINZ?

Yes No

Do you have any commitments that may prevent you from attending work in the future? (e.g. planned holiday, exams, dental visits etc.) If yes – please specify.

Yes No

Declaration and Consent

I consent to Hume Pack-N-Cool Ltd seeking information on a confidential basis about me from any previous employers/and 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 Hume Pack-N-Cool Ltd is supplied in confidence, and evaluative material will not be disclosed.

I acknowledge:

1. That if you employ me you are relying on the truth and completeness of my answers and therefore;
2. That if I have not answered truthfully and completely, you may terminate my employment immediately and without notice.

I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC. I also agree to notify Hume Pack-N-Cool Ltd with respect to any communicable disease I may have or may contract.

I understand the Hume Pack-N-Cool Ltd recognises its responsibilities and obligations imposed under the Health and Safety in Employment Act 1992 and to this purpose I may be asked to undergo a pre-employment drug/alcohol test. I also acknowledge that I may be drug/alcohol tested following a workplace accident/incident, reasonable cause, random or internal transfers.

Applicants Signature:

Date:

Please return to Hume Pack-N-Cool Limited, 4 Prospect Drive, Katikati, 3178. Phone: (07) 549 1011

OFFICE USE ONLY

OFFICE USE ONLY		
Application form completed in full?	YES	NO
Applicant able to work legally in New Zealand?	YES	NO
Copy of passport attached?	YES	NO
Copy of visa attached?	YES	NO
Applicant employed?	YES	NO