

CONFIDENTIAL EMPLOYMENT APPLICATION

Complete both sides of this form

This information is collected for the purpose of assessing your suitability for employment with Birchwood Packhouse Ltd. If your application is successful your employment details will be held on file. If your application is not successful the information you have provided will be disposed of securely at the end of the year.

NAME	First Name..... Surname..... Preferred Name..... <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth																		
CONTACT DETAILS	Contact Address: Post Code..... Mob Phone No:..... Home Phone No:..... Email Address: Payslips will be emailed																		
EMERGENCY CONTACT PERSON	Contact Name: Phone No:..... Relationship:																		
LEGAL WORK STATUS OFFICE USE ONLY Passport/Permit copied Visa View Sign: Date:	Are you legally entitled to work in New Zealand? - As a New Zealand Citizen Yes/No - OR as a permanent resident Yes/No - OR as a holder of a current work permit/visa Yes/No Nationality..... Passport Number..... Work Permit Expiry Date..... Type of Work Permit.....																		
BANK ACCOUNT	Account Number: (Please attach a deposit slip for verification of your number) <table border="1" style="width:100%; text-align:center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
INLAND REVENUE DEPARTMENT	IRD Number: <table border="1" style="display:inline-table; text-align:center;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Tax Code: <table border="1" style="display:inline-table; width:100px; height:40px;"></table>																		
PACKHOUSE SHIFTS	Please tick which shifts you would prefer to work: <input type="checkbox"/> 7:30am to 3:30pm <input type="checkbox"/> 3:45pm to 9:00pm <input type="checkbox"/> 7:30am to 9:00pm																		
HARVEST HOURS	Harvest Shifts are fruit maturity and weather dependent and hours will vary from day to day.																		
POSITION PREFERENCE PACKHOUSE	Stacking Packing Grading Tray Prep Forklift Cleaner Other																		
POSITION PREFERENCE HARVEST	Forklift Driver Tractor Driver Bin Carder Other:																		
BIRCHWOOD EMPLOYMENT	Have you been employed by Birchwood before? Yes / No																		



Birchwood
PACKHOUSE LIMITED

23 Rea Road RD 2 KATIKATI

Ph 07 549 1679

Email: officemanager@birchwoodpackhouse.co.nz

PREVIOUS EXPERIENCE	Position..... Where..... How long..... Experience other than Kiwifruit Related 						
LICENCES	Do you hold any of the following licences: Forklift Yes / No Expiry Date/...../..... Truck Yes / No Expiry Date/...../.....						
MEDICAL INFORMATION (must be completed as part of the application process)	Have you suffered/ or do you suffer from any of the following (Circle)						
	Abnormal Blood Pressure	Allergies/Skin Irritation e.g. Hay Fever, Bee Stings	Asthma	Epilepsy	Hearing Impairment	Heart Condition	Hernia
	Communicable Illness i.e. HIV, TB, Hepatitis	Shoulder or Back Pain Muscle Pain & Discomfort	Colour Blindness	Repetitive Type Injury	Learning Difficulties or Impairment	Other	None of these conditions
	Have you claimed ACC in the last 12 months? Yes / No						
	Have you had any serious injury that may affect your ability to carry out the functions and responsibilities for any position you are required to work in. Yes / No						
	Have you visited a health practitioner in the last 12 months suffering from persistent vomiting and diarrhoea? Yes / No						
	Have you suffered from any infectious diseases/illness or blood borne infections in the last 12 months Yes / No						
	Are you presently receiving medical treatment and or medication? Yes / No						
	Are you allergic to or have any sensitivity to any substances or chemicals? Yes / No						
<u>If you have answered Yes to any of the above questions please provide details</u> i.e. Date of injury/Nature of Injury/Cause/Treatment Received/Clearance Provided							
CRIMINAL CONVICTIONS	Do you have any criminal convictions –(do not include any concealed under the Criminal Records (Clean Slate) Act 2004) Yes / No Are there any actions pending against you that may result in a criminal conviction Yes / No If YES please give details:.....						
DRUG POLICY	Birchwood Packhouse Ltd has a Drug & Alcohol Policy that involves pre-employment, random, reasonable cause and post incident/accident testing. If you are applying for a position in our high risk, safety sensitive areas/roles, you will be required to undergo a pre-employment Drug Test. All information is treated confidentially and is collected /used to ensure compliance with Birchwood Packhouses Drug and Alcohol Policy.						
DECLARATION	I understand that completion of this form does not indicate there is any obligation on Birchwood Packhouse to offer me employment. I declare that to the best of my knowledge the information provided by me, whether verbally or in writing, is true, accurate and complete and is not designed to mislead in any way. 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 may be terminated. Signed..... Dated.....						
OFFICE USE ONLY	EMPLOYMENT NO	Contract <input type="checkbox"/>	Roster <input type="checkbox"/>	Wage Package <input type="checkbox"/>			
		Induction <input type="checkbox"/>	Phone <input type="checkbox"/>	Staff Register <input type="checkbox"/>			