

## **CONFIDENTIAL EMPLOYMENT APPLICATION**

Complete both sides of this form

| successful your emplo                  | llected for the purpose of assessing your suitability for employment with Birchwood Packhouse Ltd. if your application is byment details will be held on file. If your application is not successful the information you have provided will be |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  | at the end of the year.  |  |  |  |  |  |  |
| NAME                                   | First Name Surname   |  |  |  |  |  |  |
|  | Preferred Name   |  |  |  |  |  |  |
|  | Date of Birth  |  |  |  |  |  |  |
| CONTACT                                |  |  |  |  |  |  |  |
| DETAILS                                | Contact Address:   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Post Code  |  |  |  |  |  |  |
|  | Mob Phone No: Home Phone No:   |  |  |  |  |  |  |
|  | Email Address:   |  |  |  |  |  |  |
|  | Payslips will be emailed   |  |  |  |  |  |  |
| EMERGENCY                              |  |  |  |  |  |  |  |
| CONTACT                                | Contact Name:  |  |  |  |  |  |  |
| PERSON                                 | Dhana Na.  |  |  |  |  |  |  |
| LEGAL WORK                             | Phone No: Relationship:  |  |  |  |  |  |  |
| STATUS                                 |  |  |  |  |  |  |  |
|  | As a New Zealand Citizen As a permanent resident   |  |  |  |  |  |  |
| OFFICE USE ONLY Passport/Permit copied | As a holder of a current work permit/visa  |  |  |  |  |  |  |
|  | Nationality Passport Number  |  |  |  |  |  |  |
| Visa View                              | ·  |  |  |  |  |  |  |
|  | Work Permit Expiry Date Type of Work Permit  |  |  |  |  |  |  |
| BANK                                   | Account Number: (Please attach a deposit slip for verification of your number)   |  |  |  |  |  |  |
| ACCOUNT                                |  |  |  |  |  |  |  |
| INLAND                                 | IRD Number: Tax Code:  |  |  |  |  |  |  |
| REVENUE<br>DEPARTMENT                  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| PACKHOUSE                              | Please tick which shifts you would <i>prefer</i> to work:  Monday  |  |  |  |  |  |  |
| SHIFTS                                 | 7:00am to 4:30pm Tuesday Wednesday   |  |  |  |  |  |  |
|  | 5:00pm to 2:30am   |  |  |  |  |  |  |
|  | Friday   |  |  |  |  |  |  |
|  | Saturday   |  |  |  |  |  |  |
| POSITION                               | Stocking Docking Crading Tray Prop Fouldith Classes Other  |  |  |  |  |  |  |
| PREFERENCE<br>PACKHOUSE                | Stacking Packing Grading Tray Prep Forklift Cleaner Other  |  |  |  |  |  |  |
| HARVEST HOURS                          | Harvest Shifts are fruit maturity and weather dependent and hours will vary from day to day.   |  |  |  |  |  |  |
| POSITION                               |  |  |  |  |  |  |  |
| PREFERENCE<br>HARVEST                  | Forklift Driver Tractor Driver Bin Carder Other:   |  |  |  |  |  |  |
| LICENCES                               | Do you hold any of the following licences:   |  |  |  |  |  |  |
|  | Forklift Yes / No Expiry Date/   |  |  |  |  |  |  |
| BIRCHWOOD<br>EMPLOYMENT                | Have you been employed by Birchwood before Yes / No  |  |  |  |  |  |  |
| Livii LO IIVILIVI                      | Ties you seem employed by sillenwood serore  |  |  |  |  |  |  |



| PREVIOUS<br>EXPERIENC  | Position   | Position  |                     |                           |                                     |                    |                                |  |  |
|--|--|---|---------------------|---------------------------|-------------------------------------|--------------------|--------------------------------|--|--|
|  | Where  |   |                     |                           |                                     |                    |                                |  |  |
|  | How long   | How long  |                     |                           |                                     |                    |                                |  |  |
|  | Experience other than Kiwifruit Related  |   |                     |                           |                                     |                    |                                |  |  |
|  |  | In accordance with the Privacy Act 1993, do you give Birchwood packhouse permission to speak to previous employers or referees Yes No                                     |                     |                           |                                     |                    |                                |  |  |
| MEDICAL  | •  | Have you suffered/ or do you suffer from any of the following (Circle)  |                     |                           |                                     |                    |                                |  |  |
| (must be completed as part of the  | Abnormal   | Allergies/Skin<br>Irritation e.g.<br>Hay Fever,<br>Bee Stings   | Asthma              | Epilepsy                  | Hearing<br>Impairment               | Heart<br>Condition | Hernia                         |  |  |
| application process)   | Communicable<br>Illness i.e. HIV,<br>TB, Hepatitis   | Shoulder or<br>Back Pain<br>Muscle Pain &<br>Discomfort   | Colour<br>Blindness | Repetitive<br>Type Injury | Learning Difficulties or Impairment | Other              | None of<br>these<br>conditions |  |  |
|  | Have you claimed   | d ACC in the la   | st 12 months        | ?                         |                                     | 1                  | Yes / No                       |  |  |
|  | Have you had any   |   | •                   | •                         | •                                   | the function       |                                |  |  |
|  |  | 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?   | and diarrhoea? Yes / No   |                     |                           |                                     |                    |                                |  |  |
|  | months   | Have you suffered from any infectious diseases/illness or blood borne infections in the last 12 months  Yes / No  |                     |                           |                                     |                    |                                |  |  |
|  | Are you presently  | 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  If you have answered Yes to any of the above questions please provide details |   |                     |                           |                                     |                    |                                |  |  |
|  | i.e. Date of injury  |   |                     |                           |                                     |                    |                                |  |  |
| CRIMINAL   | Do you have any  |   | -                   | ot include an             | y concealed ur                      | nder the Crin      |                                |  |  |
| CONVICTION   |  | Records (Clean Slate) Act 2004)  Are there any actions pending against you that may result in a criminal conviction  Yes / No   |                     |                           |                                     |                    |                                |  |  |
|  | If YES please give details:  |   |                     |                           |                                     |                    |                                |  |  |
|  |  |   |                     |                           |                                     |                    |                                |  |  |
| DDITC  | Direkwaad Daakh  | ausa I tal bas a  | Drug 9 Alaa         | hal Daliay the            | at involves are                     | om playing an      | t randam                       |  |  |
| <b>DRUG</b> Birchwood Packhouse Ltd has a Drug & Alcohol Policy that involves pre-employment, rand reasonable cause and post incident/accident testing. If you are applying for a position in chigh risk, safety sensitive areas/roles, you will be required to undergo a pre-employment |  |   |                     |                           |                                     |                    |                                |  |  |
|  | Test. All information is treated confidentially and is collected /used to ensure compliance with Birchwood Packhouses Drug and Alcohol Policy.                       |   |                     |                           |                                     |                    |                                |  |  |
|  | I understand tha   | t completion of   | of this form o      | loes not indi             | cate there is ar                    | y obligation       | on                             |  |  |
| DECLARATION  Birchwood Packhouse to offer me employment.  I declare that to the best of my knowledge the information provided by me, whether   |  |   |                     |                           |                                     |                    | r 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   | EMPLOYMENT   | Contract  |                     | Roster                    | Wag                                 | ge Package         |                                |  |  |
| USE ONLY   | NO   | Induction   |                     | Phone $\square$           | Staf                                | f Register         |                                |  |  |