



APPLICATION FOR EMPLOYMENT

I agree that Cabernet Foods Ltd (the Company) may use this information for human resource purposes, including the assessment of this application for employment and maintenance of my employee file if I am successful.

I agree that the Company may retain this information in accordance with the Privacy Act 2020

PERSONAL DETAILS (Please print all information clearly)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other.....

Surname: First Name:

Address:

City: Post Code:

Mobile Phone:

Email:

PROOF OF RIGHT TO WORK IN NEW ZEALAND

Under the Immigration Act 2009, the Company are required to check that all prospective workers have New Zealand citizenship or a valid entitlement (i.e. visa) to work in New Zealand.

Are you legally entitled to work in New Zealand? Yes ☐ No ☐

If you are not a permanent resident of NZ do you have a current work permit? Yes ☐ No ☐

Expiry date of work permit: **Please supply us with a copy of the work visa.**

HEALTH / ACCIDENT COMPENSATION HISTORY

Do you have any health or other known conditions which may affect your ability to effectively carry out the functions and responsibilities of working for the Company?

Yes ☐ No ☐

This medical and occupational health history is undertaken as part of the Company's effort to optimize considerations for your employment and placement. Any false or misleading information given in relation to your medical history as it relates to your ability to do your job can result in the loss of entitlement for any compensation from ACC

Have you ever had a **work-related** ACC Claim? Yes ☐ No ☐

Do you consent to us applying for an ACC claims history report? Yes ☐ No ☐

Do you have any issues performing any of the following tasks?

- Standing for long periods
- General Lifting
- Use of machinery
- Climbing stairs or ladders

Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐

Have you ever suffered a back injury or back strain?

Yes ☐ No ☐

Do you, or have you in the past, suffered from any condition that might contribute to Occupational overuse injury such as OOS or RSI

Yes ☐ No ☐

Do you, or have you in the past, suffered from Carpal Tunnel Syndrome or arthritis that might impact your ability to safely perform this role?

Yes ☐ No ☐

Are you allergic to, or have any sensitivity to any substances or chemicals (eg: dermatitis from cleaning chemicals)?

Yes ☐ No ☐

Do you have any condition or injury that may affect your ability to effectively carry out the functions and tasks of the position applied for?

Yes ☐ No ☐

Are you currently taking any drugs or medication that may affect your ability to effectively carry out the functions and tasks of the position applied for?

Yes ☐ No ☐

If you have answered yes to any of the above, please provide brief details:

.....
.....

CRIMINAL OFFENCES

Note: You are not required to provide any information that is eligible to be concealed under the Criminal Records (Clean Slate) Act 2004 in response to the questions in this section.

Have you been convicted of a criminal offence, or had legal proceedings made against you in the last 5 years?

Yes ☐ No ☐

If yes, please give details:

.....
.....

Are you currently waiting for the hearing of any court charges?

Yes ☐ No ☐

If yes, please give details:

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.....

Do you consent for the company to apply for your criminal record check?

Yes ☐ No ☐

EDUCATION

Name of Secondary School or Tertiary Institution	Year of Study From – To	Level & Qualification Gained (e.g. Form 5, Fifth form Cert in English etc)

Are you prepared to complete in-house study if required?

Yes

☐

No

☐

WORK EXPERIENCE

Please list all jobs held, begin with most recent employer, continue on a separate sheet if necessary.

Dates Employed:

Company & Position Held	From Month /Year	To Month /Year	Brief Description of Duties Include at end: Reason for leaving Supervisors name and contact number

ADDITIONAL INFORMATION / AVAILABILITY

If your application is successful when are you available to start (day/month/year)?

Please indicate the hours you are available to work:

Hours/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Are you aware of any time off you will require in the next six weeks? If so, when?

Do you have any friends, or relatives currently working at the Company Yes ☐ No ☐

Are you intending to engage in any other paid or voluntary work whilst employed in this position that might have an impact on your ability to do the role? If yes, please provide further information:

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.....

Do you have your own transport to be able to get to and from work? Yes ☐ No ☐

Have you previously worked for the Company? Yes ☐ No ☐

Have you ever worked shifts before? Yes ☐ No ☐

Are you prepared to work overtime? Yes ☐ No ☐

Are you prepared to work Dayshifts and Nightshifts? Yes ☐ No ☐

Are you prepared to work weekend shifts? Yes ☐ No ☐

Are you prepared to work in all departments?
(Slaughter, Boning, Yards, Load Out, Cleaning, Transport) Yes ☐ No ☐

ABSENCE

How many days absence from work or school have you had due to sickness in the last 12 months?

0-2 ☐ 3-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ Over 20 ☐

Do you consent to a pre-employment hearing test? Yes ☐ No ☐

GENERAL

Why would you like to work for this company?

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.....
.....

What strengths and qualities will you bring to this position?

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.....
.....
.....

REFEREES

Please provide details of at least two people we may contact for current/past work or character references.

Current Employer			
Name of Referee		Telephone Contact	
Company		Work	
Position of Referee		Home	
Past Employer			
Name of Referee		Telephone Contact	
Company		Work	
Position of Referee		Home	
Name of Referee		Telephone Contact	
Company		Work	
Position of Referee		Home	

I consent to the Company seeking verbal or written information on a confidential basis about me from the referees listed above and authorise the information sought to be released by them to ascertain my suitability for the position applied for.

Yes ☐ No ☐

HEALTH AND SAFETY STATEMENT

At the Company you may be exposed to a number of workplace hazards, examples of which are listed below.

Lifting: Back and associated injuries are painful and frequently they are persistent in that they can hamper you for the rest of your life. Remember the simple rules about lifting: DON'T lift more than you are able to, DO lift with your legs not your back. DO lift by placing your feet as close to the object being lifted as possible, DON'T twist your back while lifting.

Falls and Slips: In a Meat Plant made of stainless steel and concrete floors slip and falls are potentially very dangerous. Mop up any spills immediately. Don't run.

Cuts: Be careful when using knives and sharp implements. If you are supposed to wear a safety glove, do so.

I have read and understood the listed hazards. I will obey all safety instructions given to me by supervisory staff or management.

DRUG / ALCOHOL TESTING

The Company has a drug and alcohol policy. You may be required to take a drug test prior to us making you an offer of employment.

I consent to the pre-employment drug test.

Yes ☐ No ☐

FOR YOUR INFORMATION

Your privacy is important. We assure you that the information you provide on this application form will remain confidential to the Company. The information will be used to assess your suitability for employment and may be held for a period of 12 months. If you would like to exercise your rights under the Privacy Act 2020 to request the return or correction of any personal details held about you please contact a Senior Manager.

DECLARATION

I _____ (print full name)
declare that the information contained in this application is accurate, complete and correct. I accept that should my application be successful, the above information will form part of my agreement of employment and falsification or withholding of information may be grounds for dismissal.

Signature: _____

Date: _____

Should your application for a position with the Company be successful you will be required to have your own bank account and IRD number.

UNDERTAKING & ACKNOWLEDGEMENT

- In submitting this form, I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any false statements may hinder my application and may provide sufficient grounds for dismissal, if hired.
- I understand that the Company may seek to verify the information provided and I authorize the Company to contact previous employers as indicated for references to assist in the assessment of my suitability for employment.
- I understand that information obtained via the recruitment process may be held on a database maintained by the Company for the purpose of considering me for future opportunities with the company, its related entities or its clients.

Please return when fully completed to: Operations Manager / Office Manager

Office Use Only (Tick). (Manager to sign off)

Recommendation for employment Yes ☐ No ☐ _____

Reference checks completed and attached Yes ☐ No ☐ _____

Candidate advised as to recruitment outcome Yes ☐ _____

Offer Date:.....

Individual Employment Agreement issued
and returned. Personal file created Yes ☐ _____

Uniform Issued Yes ☐ _____

Criminal Conviction authority checked / issued Yes ☐ _____

Drug test completed and assessed Passed ☐ Failed ☐ _____

ACC Claims History report requested Yes ☐ _____