

APPLICATION FOR EMPLOYMENT

Prime Range Meats Limited

CONFIDENTIAL – To be completed personally by the applicant

- Completion of this form does not indicate that there is any obligation upon the company to engage the applicant.
- This information is collected for the purpose of assessing your suitability for employment which may include subsequent changes in employment within the company.

Position applied for:

General Information

MR/MISS/MRS/MS (circle one)	Surname:
Given Names: (underline name used)	
Are you known by any other name(s):	
Contact Address:	

Home phone:	Mobile phone:
Date of birth: Age:	Height
Male/Female	Weight:
Single	Married/Partner
Name of next of kin:	Relationship:

Education

School	No of years	Qualifications

Trade, Academic or other Qualifications:

Classification of Drivers License Held: _____

General Work Experience:

Name & address of employer	Type of Industry	Position Held	Reason for leaving

Have you worked for this company before:

Yes ☐

No ☐

If Yes when and where?

Do you have secondary employment:

Yes ☐

No ☐

If Yes please detail?

Referees

Please give names and contact details of three referees.

Do you agree for Prime Range Meats to seek verbal or written information about you from the referees stated below and authorize the information to be released to those involved in the selection process?

☐s

No ☐

Name	Address	Phone	Occupation

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

General Information

Are you able to work weekends?

YES/NO

Do you have relations or acquaintances presently employed in the company?

YES/NO

Are you legally able to work in New Zealand?

YES/NO

What are your hobbies and interests

Present or past public activities

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 ever been convicted of a criminal offence?

YES/NO

If yes, give brief details:

Are you awaiting hearing of any charges for any offences?

YES/NO

If yes, give brief details:

Accident History

Have you claimed Accident Compensation in the last two years?

YES/NO

If yes, please give details

State any gradual injury illness, or disability or medical condition you have, or have ever had, that may affect

your ability to effectively carry out the functions and responsibilities of the position applied for.

Do you suffer from industrial deafness?

YES/NO

Have you been assessed for industrial deafness?

YES/NO

Health

Do you or have you had:

Asthma	YES/NO	When
Bronchitis	YES/NO	When
TB	YES/NO	When
Dermatitis or Eczema	YES/NO	When
Hernia	YES/NO	When
Back Injury or strain	YES/NO	When
Injury to limbs	YES/NO	When
Blackouts, fits of any kind	YES/NO	When
Do you wear spectacles	YES/NO	When
Are you taking any medicines	YES/NO	When

Do you suffer from:

Earache, deafness or discharge from ears	YES/NO
Skin infections, e.g. boils	YES/NO
High blood pressure	YES/NO
Heart complaint	YES/NO
Diabetes	YES/NO
Any Allergies	YES/NO
Colour Blindness	YES/NO
Any other ailment or diseases (give details)	YES/NO

Do you agree to undergo a medical examination, drug or alcohol test if required? YES/NO

Do you smoke? YES/NO

Trial Period

Prime Range Meats Limited applies the 90 Day trial provisions under the provisions of the Employment Relations Act 2000

DECLARATION

I declare that to the best of my knowledge the answers to the questions in this application are correct.

Signature: _____ Date: _____