

APPLICATION FOR EMPLOYMENT

[Please attach your CV to this form or complete last section]

The information or documents you supply in this application is collected for the purpose of assessing your suitability for employment at the Tokyo NZ Group which may include subsequent changes in employment with the company.

In accordance with the Privacy Act 1993 all information is - private and confidential, contained in the company's confidential files and not used for any purpose other than what it is intended. Information supplied by unsuccessful candidates will be destroyed after 12 months.

The completion of this form does not indicate that there is any obligation on the Company to engage the applicant.

Position applied for: _____ **Date:** _____
(If applicable)

PERSONAL INFORMATION

Title: Mr Mrs Miss Ms

Name: _____

Address: _____

Phone: (Home) _____ **Phone: (Mobile)** _____

Email Address: _____

Have you reached the current school leaving age (16 years)? Yes No

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

As: (a) a New Zealand Citizen (b) a Permanent Resident (c) a holder of Working Holiday Visa
(d) Open Work Visa (e) Others Visa Type: _____

If you hold a temporary visa, please state its expiry date. (DD/MM/YYYY) _____ / _____ / _____

Note: If you are not a NZ citizen, you will need to verify your current entitlement to work prior to appointment

GENERAL

Are you prepared to work overtime if required? Yes No

Are you prepared to varying work shifts or hours if required? Yes No

Are you prepared to work public holidays, if required? Yes No

Do you have secondary employment? Yes No

Do you have or are you aware of any likely commitments that may prevent you from working your rostered shifts or affect your availability for overtime (e.g. sports, hobbies, special interests, educations, training, family commitments etc). Yes No

If YES please provide brief details: _____

When would you be able to commence work with us? _____

Do you have a spouse, partner or relative working here or for a company in food or retail industry? Yes No

If YES, please provide details: _____

Do you hold a current NZ drivers licence? Yes No

If YES, what class(es): _____

Have you ever been terminated from a position? Yes No

If YES, when and why?: _____

Have you ever worked for this Company or an associated company before?

[This includes Casual, Temporary or Permanent employment] Yes No

If YES, where and when: _____

Do you have any criminal convictions, not including any concealed under the Clean Slate Act?	Yes	No
If YES, please provide details: _____		
Have you been the subject of a Diversion ordered by the Courts?	Yes	No
Are you awaiting the hearing of charges in a civil or criminal court of law?	Yes	No

MEDICAL

The following information is required to assist the Company to meet its obligations under the Health and Safety at Work Act 2015 and the Injury Prevention Rehabilitation and Compensation Act 2001, specifically to ensure the capacity of any applicant to safely undertake the tasks associated with the position for which you are applying. Any information provided is strictly confidential between yourself and the Company.

Your duties may involve: **low level lighting, noise from equipment, heavy lifting from floor level, working in dusty conditions, working in freezers/chillers, climbing stairs/ladders, kneeling, bending, reaching, stretching, answering the telephone, writing, reading small print, customer service, working with substances that may cause an allergic reaction, using computerised equipment, and/or cleaning.**

Do you currently have, or foresee yourself having any difficulty performing any of the tasks as listed above?

Yes No Initials _____

If YES please provide details: _____

Have you had an injury or medical condition caused by gradual process, disease or infection (for example Occupational Overuse Syndrome, hearing loss, sensitivity or allergy to chemicals, musculoskeletal disorders) which the tasks of this job as outlined above may aggravate or contribute to?

Yes No Initials _____

If YES please provide details: _____

Do you have any disability, injury, substance dependencies, health or medical conditions that could affect your ability to perform or meet the requirements of this job as outlined above or that would require special working conditions?

Yes No Initials _____

If YES please provide details: _____

Do you agree to undergo a medical examination (at the company's expense) if required, the results of which will be made available to the Company?

Yes No Initials _____

Do you agree to undergo a pre-employment drug and alcohol test (at the company's expense), the results of which will be made available to the Company?

Yes No Initials _____

DECLARATION

1. I declare that, to the best of my knowledge the information provided in this application and any resume provided, is accurate. I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed; or if employed, my employment may be terminated.
2. In submitting this application, I understand that all information provided by me will be held on a confidential basis, and only on a confidential basis, and only used for the purpose in which it is intended.
3. I consent to The Company seeking verbal or written information about me, from referees I have nominated, for the purpose of assessing my suitability for the position I am applying for.
4. I understand the information received by The Company is supplied in confidence as evaluative material and will NOT be disclosed to me.
5. I acknowledge the completion of this form, does not indicate there is any obligation for the company to employ me.

By checking the right box, I indicate that I read and understand the declaration above.

Office use only:

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