



Employment Application

Where did you hear about us?

1. Name: _____ Date of Birth _____ / _____ / _____
2. Address: _____ Post code: _____
3. Phone: _____ Alternative No: _____
4. Production area applying for (circle) Petfood Cleaning
5. Shift work: (circle) Day shift Night shift Either Gumboot Size: _____
6. Are you a Student: Yes No If **yes** available from _____ to: _____
7. Are you a NZ Resident: Yes No If **no** Visa Status _____
8. Reliable Transport (circle) Yes No If **no** how will you get to work? _____
9. Employment History (the last 2 employees you have worked for)

- **Name and Address of Company** _____
- Date Started and Finished Start date: _____ / _____ / _____ Finish date: _____ / _____ / _____
- Position Held / Duties _____
- Reason for Leaving _____
- **Name and Address of Company** _____
- Date Started and Finished Start date: _____ / _____ / _____ Finish date: _____ / _____ / _____
- Position Held / Duties _____
- Reason for Leaving _____

10. Previous experience in the Food / Meat industry:

11. Referees: 2 / 3 work referees (must be contactable) With the Persons Name / Position the person holds and their phone number

- Name:** _____ **Company:** _____
- Position: _____ Phone No. _____
- Name:** _____ **Company:** _____
- Position: _____ Phone No. _____
- Name:** _____ **Company:** _____
- Position: _____ Phone No. _____

Written references would be preferable. If you have a current C.V please attach a copy – CV's will not be returned:

PASTURE PETFOOS NEW ZEADLAND LTD

TITLE: PP/HRFE/001 Employment Application			
PREPARED BY: Training Team		AUTHORISED: Sian Williams	
PC LOCATION and CLASSIFICATION		CREATED	DATED:
K:\Training\1. Human Resources Manual\3. Pre-employment\1. Ovation Process Support Forms\Intenet employment applications 2014\4app Employee application.doc		19/08/2002	12/02/2021
			Signed



Pasture Petfoods New Zealand Ltd.

Fax (64) (06) 975-5699
Telephone (64) (06) 858-6390
10 Cook Street
Waipukurau, New Zealand

CONSENT FORM FOR PRE-EMPLOYMENT MEDICAL EXAMINATION

1. I consent to undergo a pre-employment medical examination to be undertaken by Pasture Petfoods New Zealand Ltd. I acknowledge that the company requires this examination for the purpose of determining whether I am properly able to carry out my duties if the company employs me.

I understand that these procedures could include any or all of the following:
A physical examination including; health questionnaire; vision test; hearing Test; chest x-rays; lung function; chemical and microscopic urinalysis; or any other form of testing relevant to the position offered, which the company may require.

2. I also agree to provide proof of identity, if requested, which may include my photograph, so that the company can forward it to the medical professional undertaking the pre-employment medical examination.
3. Medical records will remain confidential to the medical professionals involved. Only the results relevant to this application will be communicated to the company. The medical record of the examination will be filed in the first aid room at the plant where I am seeking employment. This record will not be accessible by anyone except the doctor or Designated Person without obtaining your prior consent. If the plant does not have a first aid room the medical records will be kept in an appropriate place.
4. Results of the medical examination will only be used for the purpose for which they were obtained. A page summary of the examination will be given to the manager/supervisor at the plant, who is making the decision regarding recruitment.
5. I acknowledge that:
- (a) I have read and understand the terms of this consent form; and
 - (b) I have the right to access and request the correction of any personal information held by the company or medical professional concerning me.

Signature of applicant: _____

Full name of applicant: _____

Date: ____/____/____

PASTURE PETFOODS NEW ZEALAND LTD

TITLE: PP/HRFE/006 Consent Form			
PREPARED BY: Training Team		AUTHORISED: Allan Jack	
PC LOCATION and CLASSIFICATION K:\Training\1. Human Resources Manual\3. Pre-employment\1. Ovation Process Support Forms\Internet employment applications 2014\4bpp Consent Form.doc		CREATED 19/08/2002	DATED: 02/02/2019 Signed



Pasture Petfoods New Zealand Ltd.

Fax (64) (06) 975-5699
 Telephone (64) (06) 858-6390
 10 Cook Street
 Waipukurau, New Zealand

PRE- EMPLOYMENT QUESTIONNAIRE:

NAME: _____ **Male** ____ **Female** ____ **DOB:** ____/____/____

To be completed by the applicant and reviewed by the Management of Pasture Petfoods.
 Please read all questions carefully and tick (✓) either Yes or No as it applies and comment on any details in the space provided.

QUESTIONS:

Are you being treated by a doctor for any illness or condition? If yes, give details.	Yes	No
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Have you any allergies and or drug reaction? If yes, give details.	Yes	No
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Have you ever had an operation? If yes, give details.	Yes	No
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Have you ever suffered a serious accident or injury? If yes, give details.	Yes	No
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Have you ever had a broken bone or fracture? If yes, give details.	Yes	No
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Have you ever suffered from, or do you now suffer, from the following?

Heart disease or surgery If yes, give details.	Yes	No
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Chest pain, angina	Yes	No
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PASTURE PETFOODS NEW ZEALAND LTD

TITLE: PP /HRFE/ 007 Pre- employment Questionnaire			
PREPARED BY: Training Team		AUTHORISED: Allan Jack	
PC LOCATION and CLASSIFICATION K:\Training\1. Human Resources Manual\3. Pre-employment\1. Ovation Process Support Forms\Intenet employment applications 2014\4cpp Pre-employment Questionnaire.doc		CREATED 19/08/2002	DATED: 02/02/2019
		Signed	

If yes, give details.

High Blood pressure	Yes		No	
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If yes, give details.

Deafness, loss of hearing	Yes		No	
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If yes, give details.

Blackout, fits, epilepsy	Yes		No	
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If yes, give details.

Migraine or frequent headaches	Yes		No	
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If yes, give details.

Diabetes	Yes		No	
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If yes, give details.

Back pain, sciatica, lumbago, slipped disc	Yes		No	
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If yes, give details.

Neck injury, whiplash	Yes		No	
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If yes, give details.

Dermatitis, eczema, skin problems	Yes		No	
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If yes, give details.

Hernia	Yes		No	
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If yes, give details.

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Arthritis, rheumatism If yes, give details.	Yes		No	
<hr/> <hr/>				
Psychiatric illness If yes, give details.	Yes		No	
<hr/> <hr/>				
RSI, OOS / Gradual Process (occupational overuse syndrome), tendiuitis, fibromyalgia, chronic pain syndrome If yes, give details.	Yes		No	
<hr/> <hr/>				
Shoulder injury or strain If yes, give details.	Yes		No	
<hr/> <hr/>				
Elbow strain or tennis/golfers elbow If yes, give details.	Yes		No	
<hr/> <hr/>				
Wrist strain or carpal tunnel syndrome If yes, give details.	Yes		No	
<hr/> <hr/>				
Hand or finger problems If yes, give details.	Yes		No	
<hr/> <hr/>				
Knee problems, cartilage injury If yes, give details.	Yes		No	
<hr/> <hr/>				
Tuberculosis If yes, give details.	Yes		No	
<hr/> <hr/>				
Hepatitis A, B, C or D If yes, give details.	Yes		No	

PASTURE PETFOODS NEW ZEALAND LTD

TITLE: PP/HRFE/007 Pre-employment Questionnaire			
PREPARED BY: Training Team		AUTHORISED: Allan Jack	
PC LOCATION and CLASSIFICATION K:\Training\1. Human Resources Manual\3. Pre-employment\1. Ovation Process Support Forms\Intenet employment applications 2014\4cpp Pre- employment Questionnaire.doc		CREATED 19/08/2002	DATED: 02/02/2019
		Signed	

Asthma	Yes		No	
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If yes, give details.

Bronchitis	Yes		No	
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If yes, give details.

Do you smoke, or have you ever smoked	Yes		No	
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If yes, give details.

Other

Do you have any condition, which would prevent you from wearing standard Pasture Petfoods safety equipment (gumboots, earmuff etc)?	Yes		No	
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If yes, give details.

Have you ever been employed by Pasture Petfoods before?	Yes		No	
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If yes, give details.

Have you ever applied for a position at Pasture Petfoods before?	Yes		No	
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If yes, give details.

Do you have a criminal record	Yes		No	
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If yes, give details.

Do you have any thing else to declare?	Yes		No	
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If yes, give details.

I hereby certify that to the best of my knowledge the answers given above are correct and give permission to verify the information stated.

Name: _____ **Signed:** _____

Date: _____

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TITLE: PP /HRFE/ 007 Pre- employment Questionnaire			
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Pre-employment check - request for ACC claims injury history

Please Read: Please complete this form and then email it to preemploymentchecks@acc.co.nz. Please provide a valid proof of identification: These include but are not limited to; Driver's Licence, Passport, 18+ Card, Birth Certificate, or Statutory Declaration signed by the Police or JP.

IMPORTANT - Employers and recruitment agencies: This form is valid for 1 month from the date signed by the applicant & unless the job applicant gives specific permission, the claims history provided will not include information about any:

- mental injury as a consequence of physical injury claims
- declined claims including accredited employer claims
- treatment injury claims
- claims occurring more than 10 years ago
- sensitive claims
- wilfully self-inflicted claims
- accidental death claim dependants

PART A: IDENTIFYING DETAILS

1. JOB APPLICANT'S DETAILS		PLEASE COMPLETE ALL SECTIONS
First Name:		Middle Name:
Surname:		Also known as (e.g Maiden name):
Date of Birth:		Phone Number/s:
<input type="checkbox"/> (please tick) If Less than 6 month in New Zealand.		Male <input type="checkbox"/> Female <input type="checkbox"/>
<input type="checkbox"/> (please tick) I have not had an accident related injury in the last 6 months.		
Postal address:		Suburb :
Flat/Unit No: Town/City:		Postal Code :
Previous Address:		Type of work/Industry:

2. EMPLOYER OR RECRUITMENT AGENCY DETAILS	FOR ACC CLAIMS HISTORY RESULTS TO BE SENT TO
Organisation Name: Pasture Petfoods NZ Ltd Waipukurau	Contact Person's Name: Charlie Jones
Contact Phone Number: 06 585 6390	Contact Email Address: charlie.jones@ovation.co.nz

PART B: CONSENT FOR ACC TO RELEASE INFORMATION

3. JOB APPLICANT'S CONSENT AND SIGNATURE		
<p>I authorise ACC to release my ACC claims history to the employer or recruitment agency named in Part A:2, and understand that I will be sent a copy to the postal address marked in Part A:1. Please tick if you do not wish to receive a copy of this information. <input type="checkbox"/></p> <p>Please tick if you have received or consented to a Pre-employment claims injury history in the last 6 months. <input type="checkbox"/></p> <p>I understand that If, I have been in New Zealand for less than 6 months (Part A:1) and, have not had an accident related injury in New Zealand during this period, ACC will not process this request.</p> <p>I understand that this information will only be used to decide whether I can carry out the job safely.</p> <p>I understand I have the right:</p> <ul style="list-style-type: none"> • to see and correct this information under the Privacy Act 2020 • that the employer or recruitment agency will use this information responsibly, and comply with the Privacy Act 1993, Health Information Privacy Code 2020 and the Human Rights Act 1993 • that the employer or recruitment agency will destroy the information once the job application process is complete. 		
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Job applicant's signature:</td> <td style="width: 40%;">Date:</td> </tr> </table>	Job applicant's signature:	Date:
Job applicant's signature:	Date:	