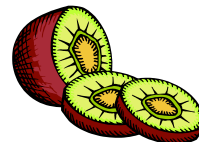


2017 SEASONAL EMPLOYMENT APPLICATION FORM



(To be completed personally by applicant, Photo identification must be supplied with this Form [see below])

Please Note: The completion of this form does not indicate that there is any obligation on the company to employ the applicant, however should the applicant subsequently be employed, the information on this form will be held on file. Applicants must be 16 years of age or more. **Purpose:** This information is collected for the purpose of assessing your suitability for employment at Apata Group Ltd, which may include subsequent changes in employment with the company.

Personal Details

First Name/s	<input type="text"/>	Home Phone	<input type="text"/>
Surname	<input type="text"/>	Mobile	<input type="text"/>
Address	<input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Town/City	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Previous Experience/Skills

Have you worked at Apata previously? ☐ No If yes which site? ☐ Te Puke ☐ Katikati

Have you had previous experience in a Packhouse/Coolstore? ☐ Yes ☐ No

Company Name and Details:

Note: For the purpose of compliance with the Privacy Act 1993, do you give permission for us to speak with your previous employer for the purpose of reference checking? Yes ☐ No ☐

Previous Employer Details

How did you hear about Apata?

Preferred Position/s (please tick)

<input type="checkbox"/> Packer	<input type="checkbox"/> Tray Preparation	<input type="checkbox"/> Strapper	<input type="checkbox"/> Bin Dump Operator	<input type="checkbox"/> Quality Control
<input type="checkbox"/> Stacker	<input type="checkbox"/> Grader	<input type="checkbox"/> Cleaner	<input type="checkbox"/> Forklift Operator *	<input type="checkbox"/> EDI/Tally Clerk
<input type="checkbox"/> Other <input type="text"/> * Do you have a current OSH forklift certificate (F endorsement)? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Preferred Shift (Hours are subject to change)

<input type="checkbox"/> Day	Line 1 (6 Days, 8am-6.30pm)	<input type="checkbox"/> Night	(6 Nights, 7pm-5.30am)
	Line 2 (6 Days, 7am-5.30pm)		

I agree I can work all the hours and days required including weekends. ☐ Yes ☐ No

If no give details:

Are you legally entitled to work in NZ?

☐ Yes* (If yes, tick which applies below) ☐ No * Please note: we are legally obligated to obtain evidence that you are entitled to work in New Zealand. New Zealand citizens may provide a copy of their birth certificate or passport, Resident and Work visas must be sighted then copied.

☐ New Zealand Citizen ☐ Permanent Resident ☐ Current Work Visa ☐ Student Visa

Medical Information

Have you or do you suffer from any of the following – Please tick

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Blood pressure	<input type="checkbox"/> Hearing or Sight impairment
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Medical Continued

- | | | | |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> HIV, TB, Hepatitis |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hernia | <input type="checkbox"/> Blackouts, Fits, Seizures |
| <input type="checkbox"/> Not Applicable – I have not and do not suffer from any of these conditions | | | |

Have you had an injury or medical condition caused by gradual process, disease or infection (eg. Repetitive strain injuries, sensitivity to chemicals) that may be aggravated or further contributed to by the tasks of this job? ☐ Yes ☐ No

Have you claimed for ACC in the previous 12months? ☐ Yes ☐ No

Have you suffered from any serious injury or illness that may affect your ability to effectively carry out the functions and responsibilities of this position? ☐ Yes ☐ No

Do you have medication that needs to be with you at all times while at work? ☐ Yes ☐ No

If you have answered yes to any of the above questions please provide details below:

Criminal Offences

Do you have any criminal convictions? ☐ Yes ☐ No If Yes please provide details below:

(Do not include any concealed under the Clean Slate Act)

Are there any charges pending against you? ☐ Yes ☐ No

Are you required to attend Periodic Detention? ☐ Yes ☐ No

Declaration and Consent

Are you related to anyone who is currently employed by Apata Group Ltd? ☐ Yes ☐ No

If yes who? What is your relationship?

I declare that all information supplied in this application and any resume provided is true and correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC.

I understand that Apata Group Ltd recognises its responsibilities and obligations imposed under the Health and Safety in Employment Act 2015 and to this purpose I may be asked to undergo a pre-employment drug/alcohol test. I also acknowledge that I may be drug/alcohol tested, following a workplace accident /incident, reasonable cause, randomly or internal transfers.

I consent to Apata Group Ltd. seeking information from or providing information to Government Agencies including WINZ for employment related purposes.

Signed: _____ Date _____

OFFICE USE ONLY

Type of Permit (e.g. Working Holiday)

Work Permit Copied

Yes ☐ No ☐

Work Permit Expiry

Passport Copy

Yes ☐ No ☐

Visa View Check Complete (Print)

Yes ☐ No ☐

Photo Identification

Yes ☐ No ☐