

Application for Employment

PURPOSE

This information is collected for the purpose of assessing suitability for employment to a position with Cedenco Foods

This form must be completed in full and signed by the applicant and in readable print.

POSITION APPLYING FOR

What position are you applying for: _____

What department please tick your selection(s)

- Tick boxes for Paste, IQF, Micro Lab, Engineering, Powder / Forklift Driving, Quality Assurance, AG

BACKGROUND INFORMATION

Surname:
First Names (Circle name you go by)
Contact Address
Home Phone No. Other Phone No (if any)

Note: We require a contact phone number or alternative means of contact

If your application is successful do you want to receive your payslip via email?

Yes No

Email Address:

Have you reached the current school leaving age? Yes No

Are you entitled to work in New Zealand, either permanent residence or valid work permit?

If yes, please provide a copy of Work Permit Yes No

EMPLOYMENT HISTORY

Present or most recent employer

Company
Address
Job held
Main duties
No of hours worked per week
Length of service
Reason for leaving

Next most recent employer

Company
Address
Job held
Main duties
No of hours worked per week
Length of service
Reason for leaving

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Give details of any other job that may be relevant

.....
.....

Have you ever worked in the Food Industry before? **Yes** **No**

Do you have secondary or other employment? **Yes** **No**

If yes, please give details.....

REFEREES

Give name, address and telephone numbers of at least two referees:
(Please ensure one is your current employer or, the most recent employer.)

Name	Position	Address	Phone #
1.			
2.			

For the purpose of compliance with the Privacy Act 1993, I consent to the company seeking verbal or written information on a confidential basis about me from these referees and authorize the information sought be released by them to Cedenco Foods for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by the company is supplied in confidence as evaluative material and will not be disclosed to me.

Yes **No**

If yes,.....

Date:.....

(Signature)

EDUCATION

Name(s) of High School(s) and tertiary attended:
.....
.....
.....

Qualifications (school certificate, university entrance, etc) – (subjects)
.....
.....
.....

Do you have apprenticeship/NZQA papers? **Yes** **No**

If yes, in what trade were you apprenticed:.....

What was the name and address of the employer?.....

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What trade qualifications do you hold?.....

Do you have any other qualifications/certificates/licences or attended any courses that may be relevant (give details).....

.....

GENERAL

Are you prepared to work shifts if required to do so? **Yes** **No**

Have you worked shifts before? **Yes** **No**

Please indicate your shift preference below

6 – 2 pm **2 – 10 pm** **10 – 6 am** **No Shift Preference**

Are there any shifts or times that you cannot work? **Yes** **No**

Detail (Times/Reason):

.....

Are you prepared to work Weekends and Stats? **Yes** **No**

Are you prepared to handle all products, materials, or equipment used in the food industry?

Yes **No**

Do you have a current Driver's License that allows you to drive in New Zealand?

Yes **No**

If yes please attach a copy of the front and back of your Drivers License

If applying for a forklift position, please attach a copy of your Forklift Certificate

Have you been convicted of a criminal offence **Yes** **No**

Are you awaiting the hearing of charges in a civil or criminal court of law?

Yes **No**

Are you a member of any territorial force unit? **Yes** **No**

If so, have you completed whole training? **Yes** **No**

Are you a member of any voluntary organization that may require time off work?

(e.g. Search and Rescue, Fire Service) **Yes** **No**

If yes, please provide details.....

MEDICAL

Do you agree to attend a pre-employment medical assessment as part of Cedenco recruitment process? **Yes** **No**

Do you agree to any biological, progressive disease or injury monitoring if applicable to the job? (refer HASE Act) **Yes** **No**

Have you an injury or medical condition caused by gradual process, disease or infection for example hearing loss, eye conditions, sensitivity to chemicals, repetitive strain injuries that may be aggravated or further contributed to by tasks of this job?

Yes **No**

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If yes, please give detail.....

Have you made a claim for ACC in the last 5 years **Yes** **No**

If yes, please provide detail:.....

How many days absence in your last 12 months of employment were due to sickness injury and/or accident (tick one)

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

Do you have any health concerns that your employer should know of, that may affect your safety at work? **Yes** **No**

Do you have any current pain or injury that may affect your proposed employment? **Yes** **No**

Have you suffered diarrhoea in the last 2 weeks? **Yes** **No**

Have you had food poisoning in the last 2 weeks ? **Yes** **No**

Have you received medical treatment or hospitalisation in the **last month**? **Yes** **No**

If yes please supply details:.....

In the event of an accident/incident/near miss occurring during your employment and/or there is reasonable cause which gives rise to the suspicion of the usage of illegal drug or substance and/or alcohol consumption, do you consent to undergo a drug test and or alcohol test? **Yes** **No**

Do you consent to the company retaining the information contained in this application form for the purpose of considering your suitability for any other position which may arise with this Company in the future? **Yes** **No**

DECLARATION

I.....(full name) declare that to the best of my knowledge the information supplied in this application and in any resume provided is 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 maybe 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 loss in my entitlement for any compensation from ACC. I further understand that any offer of employment if made is conditional on my obtaining a full medical clearance through the company's pre employment medical.

.....
(Signature)

.....
(Date)