

# Application for Employment - OTHER

(Note: completion of this form does not indicate that there is any obligation on the Company to engage the applicant)

## PURPOSE

This information is collected for the purpose of assessing your suitability for employment to a general position with Johnny Appleseed. Johnny Appleseed does not discriminate on age, gender, sex, race, religion or any other form of discrimination.

**This form must be completed by the applicant and in readable print**

## BACKGROUND INFORMATION

Family Name: .....

Given Names: ..... (*underline name used*)

Other name(s) known by: .....

Your Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male  Female

**Have you been employed by Johnny Appleseed before?**

Yes  No

**If Yes, what was the reason for leaving:** .....

Contact Address: .....

.....

.....

Email Address .....

Home Phone No: ..... Other Phone No. (if any): .....

(Note: If you do not have a phone of your own, please include details of means of phone contact)

Next of Kin Contact Details (*needed in case of emergency*)

Name: ..... Phone No: .....

RELATION: .....

Is English your first language? Yes  No

Have you been referred here by PICKNZ? Yes  No

Have you been referred here by WINZ? Yes  No

If yes, what is your WINZ customer number? .....

Are you a New Zealand Citizen? Yes  No

If No, are you a New Zealand Permanent Resident? Yes  No

If yes, please provide copy of your residence permit. Yes  No

EDUCATION

Qualifications (school certificate, university entrance, etc.) including subjects where applicable:

.....  
.....

Do you have any other qualifications/certificates/licenses/or attended courses? (give details):

.....  
.....  
.....

Describe the skills you hold which you believe is important to the work at Johnny Appleseed:

.....  
.....  
.....

EMPLOYMENT HISTORY

According to the Privacy Act 1993 I hereby authorise Johnny Appleseed to contact the following contacts to obtain information relating to my previous employment and/or personal attributes.

Signature: ..... Date: ...../...../.....

**Present or most recent employer**

Company: ..... Location: .....  
Contact Person: ..... Phone: .....  
Job held: .....  
Main duties: .....  
Hours worked per week: ..... Length of service: .....  
Reason for leaving: .....

**Next most recent employer:**

Company: ..... Location: .....  
Contact Person: ..... Phone: .....  
Job held: .....  
Main duties: .....  
Hours worked per week: ..... Length of service: .....  
Reason for leaving: .....

Give details of any other job that may be relevant:

.....  
.....

GENERAL

PREFERENCE AREA TO WORK:

ORCHARD

PACKHOUSE

Are you prepared to work overtime if required?

(Includes weekends and Public Holidays)

Yes

No

Have you worked shifts before?

Yes

No

Are there any shifts or times that you cannot work?

Yes

No

If yes, state the days and times:

.....

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

If Yes to either of the previous two questions, give details of all offences concerned:

.....

Are you prepared to handle all products, materials, and equipment?

Yes

No

Do you have a drivers' license?

Yes

No

If Yes, what classes? ..... License No. ....

What transport arrangements do you have to attend your place of employment?

.....

MEDICAL

Do you agree to any biological monitoring if applicable to the job?

Yes

No

(Note: biological monitoring may include hearing tests, eyesight tests, chemical residue tests, blood pressure, drug and general health tests)

Do you wear glasses or contact lenses?

Yes

No

If Yes, Details (e.g. type, times of use): .....

.....

.....

Date of last eye examination: ...../...../.....

We operate in an environment that at times can be noisy and subject to dust and residue, you may also be required to lift product and move it by hand. Bearing this in mind, have you an injury or medical condition caused by gradual process, disease or infection (e.g. hearing loss, eye conditions, chemical sensitivities, repetitive strain/back injuries) that may be aggravated or further contributed to by the tasks of this job?

Yes

No

If Yes, Detail: .....

.....

.....

Are you allergic to any substances/chemicals/fruit/bees? Yes  No   
If Yes, Detail: .....

Do you suffer from hearing loss? Yes  No   
If Yes, Detail: .....

Are you colour blind? Yes  No

Do you have any other medical condition that would stop you from doing your normal duties? Yes  No   
If Yes, Detail: .....

Do you currently have any claims with ACC? Yes  No

Have you had any previous major injuries or accidents that would stop you from doing the tasks / duties as required? Yes  No   
If Yes, Detail: .....

In the last three months have you either had, or been in contact with any person who has had, any notifiable infectious disease or condition (e.g., Hepatitis, Ecoli, Salmonella, Guardia, Campylobacter, Listeria, etc.)? Yes  No   
If Yes, Detail: .....

**Do you consent to the company retaining the information contained in this application form for the purposes 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. 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 may 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 loss in my entitlement for any compensation from ACC.

Signature: ..... Date: ...../...../.....