

EMPLOYMENT APPLICATION

PLEASE NOTE:

This Application Form and the Pre-Employment Medical Examination are sources of information that will be used by the **Wilson Hellaby Group** to consider your suitability for the position for which you are applying. If successful, such information will form part of our personnel records and will be accessible to those company employee's engaged in staff selection and evaluation. Failure to supply the information requested will prejudice our ability to assess your suitability for the position. In accordance with The Privacy Act 1993, you are entitled to access this information upon request to this company's Privacy Officer where the information is held.

PERSONNEL INFORMATION

Last Name		First Name		Title - Circle one	Mr/ Mrs. / Miss / Ms. / Dr
Middle Name		Preferred Name			
Email					
Home Address	Street Unit/ Number			Street Address	
	Suburb			City or Town	
Post code		Mobile			
Nationality		Country Born			
Residency Status	<input type="checkbox"/> NZ/AUS Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Work visa – End date:				

EMERGENCY CONTACT

Name	
Relationship	
Contact Phone Number/s	
Address	

JOB SPECIFIC ATTRIBUTES (Please indicate your attributes for specific job matching criteria)

Days available for work	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>
Are you available to work nights?	<input type="checkbox"/> YES <input type="checkbox"/> NO						

EDUCATION

Highest Level of Education: _____

Did you achieve any of the following?

- NCEA LEVEL 1 NCEA LEVEL 2 NCEA LEVEL 3 UNIVERSITY ENTRANCE (UE)

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EMPLOYMENT HISTORY (OR RELEVANT DOCUMENT ATTACHED)

Employer (1)		Employer (2)	
Position		Position	
Responsibilities		Responsibilities	
Length of Employment		Length of Employment	

REFERENCES (OR RELEVANT DOCUMENT ATTACHED)

Full Name		Full Name	
Position		Position	
Phone Number		Phone Number	

PERSONAL DECLARATION

Have you been vaccinated against Covid-19?
 YES (fully vaccinated) YES (one vaccination) -Date of second booking: _____ NO

Have you ever worked for Auckland Meat Processors, PVL Proteins, Ruakura Meat Processors, Wilson Hellaby?
 YES - Please give details: _____ NO

Do you know of anyone that works or has worked for Auckland Meat Processors, PVL Proteins, Ruakura Meat Processors, Wilson Hellaby?
 YES - Please give details: _____ NO

Have you ever been convicted of a criminal offence/have an offence pending?
 YES - Please give details: _____ NO

PRIVACY ACT 1993 – CONSENTS

Do you consent to us contacting your current employer for reference check?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you consent to the company seeking verbal or written information about you from previous employers and /or referees and authorize the release of this	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you consent to us keeping your application form and CV as part of our records for the purpose of considering your suitability for any other position within the	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you chose NO for the above question and your application is unsuccessful, would you like your application and CV to be destroyed by the company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

DECLARATION AND SIGNATURE

- I declare that to the best of my knowledge the answers contained in this application are true and not misleading and I have not intentionally withheld any information which may prejudice my application.
- I acknowledge any false information or information withheld may result in the termination of my employment / cancellation of contract in accordance with section 7 of the Contractual Remedies Act 1979.
- I understand that any false or incomplete information relating to past medical history may result in non-eligibility for ACC Compensation in the event of a similar workplace injury.

Signature: _____ **Name:** _____

Date of Application: DD/MM/YYYY

AMENDMENTS

All amendments to the document must be recorded in and added to the table.

Issue	Amendment	Approved by	Issued by	Issue Date
1.0	Original Document	Shane Baty	Victoria Huh	25/5/2018



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1.1		Fiona Elima	Victoria Huh	21/12/2018
1.2		Fiona Elima	Victoria Huh	20/03/2019
1.3		Shane Baty	Tania Whittington	09/08/2019