



OFFICE USE ONLY																			
Start Date:																			
Pay Rate: \$	(Excl Holiday Pay)																		
Employee No. (Lauranka):	Export Number (IMS):																		
Position: _____																			
Roster: _____																			
Agreement signed: Yes / No																			
APPLICATION FOR EMPLOYMENT																			
PURPOSE	The information collected is for the purpose of assessing your suitability for employment with EastPack, and if successful to enable efficient processing of your employment details. If your application is successful this information will be kept on your personal file. If your application is not successful the information you have provided will be disposed of securely at the end of the year.																		
NAME	First Name: Surname: Preferred Name: <input type="radio"/> Male <input type="radio"/> Female																		
CONTACT DETAILS	Contact Address: Post Code: Mobile Phone No: Home Phone No: Email Address:																		
EMERGENCY CONTACT PERSON	Contact Name: Phone No: Relationship:																		
AGE	Have you reached the current school leaving age (16 years)? Yes / No																		
LEGAL WORK STATUS	Are you legally entitled to work in New Zealand? - as a New Zealand Citizen Yes / No - OR as a permanent resident Yes / No - OR as a holder of a current work permit/visa Yes / No Present your passport to be sighted / photocopied Nationality: Type of work permit: Work permit number: Work Permit Expiry date: Passport number: Date of Birth:																		
OFFICE USE ONLY Passport/Permit copied Sign: _____ Date: _____																			
CRIMINAL CONVICTIONS	Do you have any criminal convictions, not including those concealed under the Criminal Records (Clean Slate) Act? Yes / No If Yes, please provide details:																		
BANK ACCOUNT	Bank: Branch (Town where you opened bank account): Account Number: <i>(Please attach a deposit slip for verification of your number)</i> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																		
INLAND REVENUE DEPARTMENT (IRD)	IRD Number: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> Tax Code: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 40px; height: 20px;"></td></tr></table> EastPack does not accept any liability in respect of IRD numbers Incomplete or incorrect information will result in the No Declaration rate being applied																		
REFEREES	Do you give permission for EastPack to contact the employers listed over the page to substantiate your suitability for employment? Yes / No																		
KIWISAVER ELIGIBILITY	Are you a member of KiwiSaver? Yes / No EastPack must automatically enroll all new eligible employees in KiwiSaver: Are you a New Zealand resident? Yes / No Are you aged between 18 and 65 years of age? Yes / No																		

SHIFTS	Main Packing Season - <i>Please circle</i> which shift you would <i>prefer</i> to work: <input type="radio"/> Day shift – 8.00am to 6.30pm <input type="radio"/> Any <input type="radio"/> Night shift – 7:30pm to 6:00am <input type="radio"/> N/A These are standard hours for most Production department jobs. Other departments may work slightly different hours. Hours may change some weeks if more or less production is required.			
	POSITION APPLIED FOR			
AVAILABILITY FOR WORK	Due to the nature of our industry we cannot guarantee you will be working on consistent days throughout the season (e.g. Monday to Friday) unless this is part of your employment agreement. Do you have any commitments that will prevent you from working on particular days?			
WORK STATUS	Will you be working for another Employer while you are working at EastPack? Yes / No If yes, what type of work and what days and hours will you work at your other job?			
EMPLOYMENT HISTORY	<i>Name and location of employer</i>	<i>Date employed</i>	<i>Job description</i>	<i>Reason for leaving</i>
<i>Present or most recent employer</i>				
<i>Any kiwifruit related experience?</i>				
EASTPACK EMPLOYMENT	Have you been employed by EastPack or an associated company before? Yes / No If Yes, please provide details of where, when and position held:.....			
LICENCES	Do you have a current OSH recognized Forklift Operators Certificate? Yes / No Do you have any work related experience on a forklift? Yes / No If Yes, please provide details and a copy of licence:.....			
EMPLOYEE SUITABILITY FOR FOOD HANDLING	Have you been diagnosed with any infectious disease or blood borne infections, or suffered persistent vomiting or diarrhea in the last 12 months, which we need to be aware of for food safety requirements (refer Site Hygiene rules)? If yes, please provide details: Yes / No			
HEALTH INFORMATION	Do you presently suffer, or have you suffered in the past, from any medical or physical condition that may affect your ability to safely perform the functions and responsibilities of the position you have applied for, or require specialised medical treatment (e.g. asthma) that we should be aware of for the purposes of administering first aid? Yes / No If Yes, please provide details:..... If you are offered employment, the offer may be subject to your obtaining a full medical clearance (by completion of medical examination) to assess your fitness for the job for which you are applying. Do you consent to undergo a medical examination if you are offered employment? Yes / No			
DECLARATION	<p>PLEASE READ CAREFULLY BEFORE SIGNING</p> <p>I understand that completion of this form does not indicate there is any obligation on EastPack to offer me employment, and that as EastPack work closely with Work and Income in recruiting, staff details such as my name, date of birth, IRD Number, wages details, start and finish dates and reason for leaving may be supplied to them.</p> <p>I understand that EastPack may require me to attend an unpaid pre-season assessment training session, and that any payment for further training in a specialist role (e.g. QC or EDI) will be at EastPack’s discretion and would only be made if I was offered, and began, employment.</p> <p>I have read (or had explained to me) the Site Hygiene and Health Rules and understand the requirements concerning my responsibilities under this agreement to comply with reporting requirements, work restrictions or exclusions that are imposed upon me and good hygienic practices.</p> <p>I understand that under the Health and Safety in Employment Act 1992, EastPack has a legal duty to ensure the safety of employees while at work. Accordingly, I understand that EastPack may require me to submit to testing for non-prescribed drugs, stimulants and alcohol on either a random, post incident, or reasonable cause basis, or as part of our pre-employment process (including transfers). I hereby consent to submit to such testing if required to do so, and consent to the results of such testing being provided directly to EastPack by the service provider.</p> <p>I declare that to the best of my knowledge the information provided by me, whether verbally or in writing, is true, accurate and complete and is not designed to mislead in any way. I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated.</p> <p>I understand that EastPack may need to take a digital photo of me for security and identification purposes. I understand that EastPack may also complete a security check with the New Zealand Police.</p> <p>Signed: Dated:.....</p>			

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