

Ph: 07-315 5226 Fax: 07-315 5224 Email: opotikiwork@eastpack.co.nz

Start Date: Pay Rate: S Export Number (IMS): Agreement signed: Yes / No	OFFICE USE ONLY									
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 will be kept on your personal file. If your application is not successful the information will be kept on your personal file. If your application is not successful the information will be kept on your personal file. If your application is not successful the information view provided will be disposed of securely at the end of the year. NAME First Name: Contact Address: Contact Address: Contact Address: Contact Name: Contact Name:	Start Dat		te:				Position:			
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 will be kept on your personal file. If your application is not successful the information will be kept on your personal file. If your application is not successful the information will be kept on your personal file. If your application is not successful the information view provided will be disposed of securely at the end of the year. NAME First Name: Contact Address: Contact Address: Contact Address: Contact Name: Contact Name:	Pay I	Rate:	\$	(Excl Holiday Pay)		Roster:		r:		
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: Contact Address: Contact Address: Mobile Phone No: Email Address: Contact Name: Contact Nam	Employee No. (Laurai	nka):						Ag	reement signed:	Yes / No
PURPOSE successful to enable efficient processing of your employment details. If your application is successful this information will be keep ton 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. Preferred Name: Contact Address: Contact Address: Mobile Phone No: Email Address: Contact Name: Contact Name: Contact Name: Contact Name: Contact Name: Phone No: Relationship: Are you legally entitled to work in New Zealand? Fresent your passport to be sighted / photocopied Nationality: Passport/Permit Copied Nationality: Do you have any criminal convictions, not including those concealed under the Criminal Records (Clean Slate) Act? If you a pulpication is successful the information you have provided the information you have provided to you have any criminal convictions, not including those concealed under the Criminal Records Yes / No Passport/Permit Copied Nationality: Do you have any criminal convictions, not including those concealed under the Criminal Records Yes / No CRIMINAL CONVICTIONS Reference Bank: Branch (Town where you opened bank account): Account Number: (Please attach a deposit slip for verification of your number) IRD Number: Tax Code: IRD Numbe	, , ,	,	АР			OYMEN	IT			
CONTACT DETAILS CONTACT DETAILS CONTACT DETAILS CONTACT DETAILS CONTACT DETAILS Mobile Phone No: Email Address: EMERGENCY CONTACT PERSON AGE Have you reached the current school leaving age (16 years)? AGE Have you reached the current school leaving age (16 years)? AGE Have you reached the current school leaving age (16 years)? Are you legally entitled to work in New Zealand? - as a New Zealand Citizen - OR as a permanent resident - OR as a permanent resident - OR as a permanent resident - OR as a holder of a current work permit/visa. Present your passport to be sighted / photocopied Nationality: Work permit number: Work Permit Expiry date: Pessport number: Date of Birth: CRIMINAL CONVICTIONS Do you have any criminal convictions, not including those concealed under the Criminal Records (Clean Slate) Act? If Yes, please provide details: Bank: Bank: Branch (Town where you opened bank account): Account Number: (Please attach a deposit slip for verification of your number) INLAND REVENUE DEPARTMENT (IRD) IRD Number: IRD Number: Tax Code: IRD Number: Account Number: (Please attach a deposit slip for verification of your number) IRD Number: Account Number: (Please attach a deposit slip for verification and your number) INLAND REVENUE DEPARTMENT (IRD) Account Number: (Please attach a deposit slip for verification of your number) INLAND REVENUE Account Number: (Please attach a deposit slip for verification of your number) INLAND REVENUE Account Number: (Please attach a deposit slip for verification of your number) INLAND REVENUE Account Number: (Please attach a deposit slip for verification of your number) INLAND REVENUE Account Number: (Please attach a deposit slip for verification of your number) INLAND REVENUE Account Number: (Please attach a deposit slip for verification of your number) INLAND REVENUE Account Number: (Please attach a deposit slip for verification of	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								
Mobile Phone No: Home Phone No: Email Address: EMERGENCY CONTACT PERSON AGE Have you reached the current school leaving age (16 years)? AGE Have you reached the current school leaving age (16 years)? AFe you legally entitled to work in New Zealand? - as a New Zealand Citizen	NAME									
AGE Have you reached the current school leaving age (16 years)? Are you legally entitled to work in New Zealand? - as a New Zealand Citizen - OR as a permanent resident - OR as a permanent resident - OR as a permanent resident - OR as a pown passport to be sighted / photocopied (opied Sign: Nationality: - Type of work permit Work Permit Expiry date: Passport number: Date: Do you have any criminal convictions, not including those concealed under the Criminal Records (Clean Slate) Act? If Yes, please provide details: BANK ACCOUNT INLAND REVENUE DEPARTMENT (IRD) IRD Number: - Tax Code: - IRD Number: - Tax	CONTACT DETAILS	Mob	ile Phone No:					Post Co	de:	
LEGAL WORK STATUS Are you legally entitled to work in New Zealand? - as a New Zealand Citizen										
- as a New Zealand Citizen	AGE	Have you reached the current school leaving age (16 years)? Yes / No								
Work permit number: Work Permit Expiry date: Date of Birth: CRIMINAL CONVICTIONS Do you have any criminal convictions, not including those concealed under the Criminal Records (Clean Slate) Act? If Yes, please provide details: Bank: Branch (Town where you opened bank account): Account Number: (Please attach a deposit slip for verification of your number) INLAND REVENUE DEPARTMENT (IRD) IRD Number: Tax Code: EastPack does not accept any liability in respect of IRD numbers Incomplete or incorrect information will result in the No Declaration rate being applied 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: Yes / No	OFFICE USE ONLY Passport/Permit copied	- 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								
CRIMINAL CONVICTIONS Do you have any criminal convictions, not including those concealed under the Criminal Records (Clean Slate) Act? If Yes, please provide details: Bank: Branch (Town where you opened bank account): Account Number: (Please attach a deposit slip for verification of your number) IRD Number: Tax Code: EastPack does not accept any liability in respect of IRD numbers Incomplete or incorrect information will result in the No Declaration rate being applied Do you give permission for EastPack to contact the employers listed over the page to substantiate your suitability for employment? Are you a member of KiwiSaver? Yes / No KIWISAVER ELIGIBILITY Are you a New Zealand resident? Yes / No		Work permit number: Work Permit Expiry date:								
Account Number: (Please attach a deposit slip for verification of your number) INLAND REVENUE DEPARTMENT (IRD) REFEREES Incomplete or incorrect information will result in the No Declaration rate being applied Do you give permission for EastPack to contact the employers listed over the page to substantiate your suitability for employment? Yes / No Are you a member of KiwiSaver? EastPack must automatically enroll all new eligible employees in KiwiSaver: Are you a New Zealand resident? Yes / No	-	Do y	Do you have any criminal convictions, not including those concealed under the Criminal Records (Clean Slate) Act? Yes / No							
INLAND REVENUE DEPARTMENT (IRD) EastPack does not accept any liability in respect of IRD numbers Incomplete or incorrect information will result in the No Declaration rate being applied Do you give permission for EastPack to contact the employers listed over the page to substantiate your suitability for employment? Are you a member of KiwiSaver? Are you a New Zealand resident? Yes / No	BANK ACCOUNT					-				
Yes / No Are you a member of KiwiSaver? ELIGIBILITY Are you a New Zealand resident? Yes / No		Easti	Pack does not accept an						d	
KIWISAVER ELIGIBILITY ELIGIBILITY EastPack must automatically enroll all new eligible employees in KiwiSaver: Are you a New Zealand resident? Yes / No	REFEREES	-								Yes / No
		EastPack must automatically enroll all new eligible employees in KiwiSaver: Are you a New Zealand resident?							Yes / No	



Fax: 07-315 5224 Email: opotikiwork@eastpack.co.nz

Ph: 07-315 5226

	Main Packing Season - Please circle which shift you would prefer to work:								
	O Day shift — 8.00am to 6.30pm O Any								
SHIFTS	O Night shift - 7:30pm to 6:00am O 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 requ	ired.						
POSITION APPLIED FOR									
TON	Due to the nature of our industry we cannot guarantee you will be working on consistent days throughout the season								
AVAILABILITY FOR WORK		have any commitments that will							
WORK		······							
	Will you be working for another Employer while you are working at EastPack? Yes / No								
WORK STATUS	If yes, what type of work ar	nd what days and ho	urs will you work at your other job?	?					
EMPLOYMENT HISTORY	Name and location of employer	Date employed	Job description	Reason for leaving					
Present or most recent employer									
Any kiwifruit related experience?									
EASTPACK	Have you been employed by	y EastPack or an asso	ciated company before?	Yes /No					
EMPLOYMENT	If Yes, please provide details of where, when and position held:								
	Do you have a current OSH	-	•	Yes / No					
LICENCES	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	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								
FOOD HANDLING									
	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								
HEALTH INFORMATION	If Yes, please provide details:								
	If you are offered employment, the offer may be subject to your obtaining a full medical clearance (by com								
	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?								
DECLARATION	I understand that complete	tion of this form d	oes not indicate there is any obli	igation on EastPack to offer me					
PLEASE	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.								
READ CAREFULLY		I understand that EastPack may require me to attend an unpaid pre-season assessment training session, and that any							
BEFORE SIGNING	payment for further training in a specialist role (e.g. QC or EDI) will be at EastPack's discretion and would only I made if I was offered, and began, employment.								
	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. I understand that under the Health and Safety in Employment Act 1992, EastPack has a legal duty to ensure the safety of applying while at work. Assorbingly, I understand that FastPack may require me to submit to testing for page								
	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, ar consent to the results of such testing being provided directly to EastPack by the service provider.								
	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.								
	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.								
	Signed: Dated								

EastPack Opotiki Ltd 3 Stoney Creek Rd RD1 Opotiki 3197



Ph: 07-315 5226 Fax: 07-315 5224

Email: opotikiwork@eastpack.co.nz