



**Employment Application**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Phone: \_\_\_\_\_ Alternative No. \_\_\_\_\_

5. Production Area applying for (cycle)      Boning Room                      Slaughter                      Cleaning

6. Shift work: (Circle)                      Day shift                      Night shift                      Either

7. Reliable Transport (circle)              YES                      NO                      Gumboot Size: \_\_\_\_\_

8. Employment History (the last 2 employers you have worked for)

- Name and Address of Company \_\_\_\_\_
- Date Started and Finished \_\_\_\_\_
- Position Held/ Duties \_\_\_\_\_
- Reason for Leaving \_\_\_\_\_

- Name and Address of Company \_\_\_\_\_
- Date Started and Finished \_\_\_\_\_
- Position Held/ Duties \_\_\_\_\_
- Reason for Leaving \_\_\_\_\_

9. Previous experience in the Food / Meat industry

9. Referees: 2 / 3 work referees (must be contactable) With the persons name and position they hold as well as their phone number with the company they work for.

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Position: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Position: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

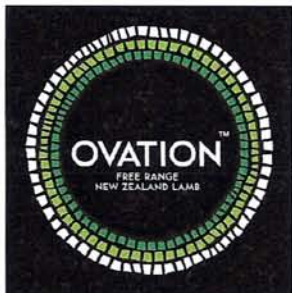
Position: \_\_\_\_\_ Phone No: \_\_\_\_\_

If you have a current C.V please attach a copy – CV's will not be returned:

*OVATION NEW ZEALAND LTD HUMAN RESOURCES MANUAL*

|   |  |                               |                  |
|---|--|-------------------------------|------------------|
| <b>TITLE:</b> OV/HRFE/001g Employment Application                 |  |                               |                  |
| <b>PREPARED BY:</b> Training Team                                 |  | <b>AUTHORISED:</b> Allan Jack |                  |
| <b>PC LOCATION and CLASSIFICATION</b>                             |  | <b>CREATED</b>                | <b>DATED:</b>    |
| H:\Human Resources Manual (Pre-Employment)\Gisborne\001g Employee |  | 19/08/2002                    | 01/10/2010       |
|   |  |                               | Signed <i>aj</i> |

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## Ovation New Zealand Ltd.

PROCESSORS & EXPORTERS OF  
QUALITY FOOD TO THE WORLD

Fax (64) (06) 868-3926  
Telephone (64) (06) 868-3921  
113 Dunstan Road  
P.O. Box 1095  
Gisborne, New Zealand

### CONSENT FORM FOR PRE-EMPLOYMENT MEDICAL EXAMINATION

1. I consent to undergo a pre-employment medical examination to be undertaken by Ovation New Zealand Ltd. I acknowledge that the company requires this examination for the purpose of determining whether I am properly able to carry out my duties if the company employs me.

I understand that these procedures could include any or all of the following:

A physical examination including; health questionnaire; vision test; hearing Test; chest x-rays; lung function; chemical and microscopic urinalysis; or any other form of testing relevant to the position offered, which the company may require.

2. I also agree to provide proof of identity, if requested, which may include my photograph, so that the company can forward it to the medical professional undertaking the pre-employment medical examination.
3. Medical records will remain confidential to the medical professionals involved. Only the results relevant to this application will be communicated to the company. The medical record of the examination will be filed in the first aid room at the plant where I am seeking employment. This record will not be accessible by anyone except the doctor or Medical Administrator / Designated Person without obtaining your prior consent. If the plant does not have a first aid room the medical records will be kept at the doctors rooms.
4. Results of the medical examination will only be used for the purpose for which they were obtained. A page summary of the examination will be given to the manager/supervisor at the plant, who is making the decision regarding recruitment.
5. I acknowledge that:
  - (a) I have read and understand the terms of this consent form; and
  - (b) I have the right to access and request the correction of any personal information held by the company or medical professional concerning me.

**Signature of applicant:** \_\_\_\_\_

**Full name of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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|   |                       |                        |        |
|---|-----------------------|------------------------|--------|
| TITLE: OV/HRFE/006g Consent Form  |                       |                        |        |
| PREPARED BY: Training Team  |                       | AUTHORISED: Allan Jack |        |
| PC LOCATION and CLASSIFICATION  |                       |                        |        |
| H:\Human Resources Manual\Pre-employment\Gisborne\006g Consent Form.doc | CREATED<br>19/08/2002 | DATED:<br>01/10/2010   | Signed |

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**PRE- EMPLOYMENT MEDICAL QUESTIONNAIRE:**

**NAME:** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_ **DOB:** \_\_\_ / \_\_\_ / \_\_\_

To be completed by the applicant and reviewed by the Company Doctor and the Company Nurse. Please read all questions carefully and tick (✓) either Yes or No as it applies and comment on any details in the space provided.

**QUESTIONS:**

|  |     |    |
|--|-----|----|
| Are you being treated by a doctor for any illness or condition?<br>If yes, give details. | Yes | No |
|--|-----|----|

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|   |     |    |
|---|-----|----|
| Have you any allergies and or drug reaction?<br>If yes, give details. | Yes | No |
|---|-----|----|

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|  |     |    |
|--|-----|----|
| Have you ever had an operation?<br>If yes, give details. | Yes | No |
|--|-----|----|

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|   |     |    |
|---|-----|----|
| Have you ever suffered a serious accident or injury?<br>If yes, give details. | Yes | No |
|---|-----|----|

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|   |     |    |
|---|-----|----|
| Have you ever had a broken bone or fracture?<br>If yes, give details. | Yes | No |
|---|-----|----|

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**Have you ever suffered from, or do you now suffer, from the following?**

|   |     |    |
|---|-----|----|
| Heart disease or surgery<br>If yes, give details. | Yes | No |
|---|-----|----|

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|  |  |                               |                             |
|--|--|-------------------------------|-----------------------------|
| <b>TITLE:</b> OV /HRFE/ 007g Pre- employment Medical Questionnaire   |  |                               |                             |
| <b>PREPARED BY:</b> Training Team  |  | <b>AUTHORISED:</b> Allan Jack |                             |
| <b>PC LOCATION and CLASSIFICATION</b><br>H:\Human Resources Manual\Pre-employment\Gisborne\007g Pre-employment Medical Questionnaire.doc |  | <b>CREATED</b><br>19/08/2002  | <b>DATED:</b><br>01/10/2010 |
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|   |     |  |    |  |
|---|-----|--|----|--|
| Chest pain, angina<br>If yes, give details.                         | Yes |  | No |  |
|   |     |  |    |  |
|   |     |  |    |  |
| High Blood pressure<br>If yes, give details.                        | Yes |  | No |  |
|   |     |  |    |  |
|   |     |  |    |  |
| Deafness, loss of hearing<br>If yes, give details.                  | Yes |  | No |  |
|   |     |  |    |  |
|   |     |  |    |  |
| Blackout, fits, epilepsy<br>If yes, give details.                   | Yes |  | No |  |
|   |     |  |    |  |
|   |     |  |    |  |
| Migraine or frequent headaches<br>If yes, give details.             | Yes |  | No |  |
|   |     |  |    |  |
|   |     |  |    |  |
| Diabetes<br>If yes, give details.                                   | Yes |  | No |  |
|   |     |  |    |  |
|   |     |  |    |  |
| Back pain, sciatica, lumbago, slipped disc<br>If yes, give details. | Yes |  | No |  |
|   |     |  |    |  |
|   |     |  |    |  |
| Neck injury, whiplash<br>If yes, give details.                      | Yes |  | No |  |
|   |     |  |    |  |
|   |     |  |    |  |
| Dermatitis, eczema, skin problems<br>If yes, give details.          | Yes |  | No |  |
|   |     |  |    |  |
|   |     |  |    |  |
| Hernia<br>If yes, give details.                                     | Yes |  | No |  |
|   |     |  |    |  |
|   |     |  |    |  |

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|  |                               |                               |        |
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|  |     |  |    |  |
|--|-----|--|----|--|
| Arthritis, rheumatism<br>If yes, give details.   | Yes |  | No |  |
| <hr/> <hr/>  |     |  |    |  |
| Psychiatric illness<br>If yes, give details.   | Yes |  | No |  |
| <hr/> <hr/>  |     |  |    |  |
| <b>RSI, OOS</b> (occupational overuse syndrome), tenosynovitis, fibromyalgia, chronic pain syndrome<br>If yes, give details. | Yes |  | No |  |
| <hr/> <hr/>  |     |  |    |  |
| Shoulder injury or strain<br>If yes, give details.   | Yes |  | No |  |
| <hr/> <hr/>  |     |  |    |  |
| Elbow strain or tennis/golfers elbow<br>If yes, give details.  | Yes |  | No |  |
| <hr/> <hr/>  |     |  |    |  |
| Wrist strain or carpal tunnel syndrome<br>If yes, give details.  | Yes |  | No |  |
| <hr/> <hr/>  |     |  |    |  |
| Hand or finger problems<br>If yes, give details.   | Yes |  | No |  |
| <hr/> <hr/>  |     |  |    |  |
| Knee problems, cartilage injury<br>If yes, give details.   | Yes |  | No |  |
| <hr/> <hr/>  |     |  |    |  |
| Tuberculosis<br>If yes, give details.  | Yes |  | No |  |
| <hr/> <hr/>  |     |  |    |  |

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| <b>TITLE:</b> OV /HRFE/ 007g Pre- employment Medical Questionnaire  |  |                               |                             |
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|                        |     |  |    |  |
|------------------------|-----|--|----|--|
| Hepatitis A, B, C or D | Yes |  | No |  |
|------------------------|-----|--|----|--|

If yes, give details.

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|        |     |  |    |  |
|--------|-----|--|----|--|
| Asthma | Yes |  | No |  |
|--------|-----|--|----|--|

If yes, give details.

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|            |     |  |    |  |
|------------|-----|--|----|--|
| Bronchitis | Yes |  | No |  |
|------------|-----|--|----|--|

If yes, give details.

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|                                       |     |  |    |  |
|---------------------------------------|-----|--|----|--|
| Do you smoke, or have you ever smoked | Yes |  | No |  |
|---------------------------------------|-----|--|----|--|

If yes, give details.

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**Other**

|  |     |  |    |  |
|--|-----|--|----|--|
| Do you have any condition, which would prevent you from wearing standard Ovation safety equipment (gumboots, earmuff etc)? | Yes |  | No |  |
|--|-----|--|----|--|

If yes, give details.

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|   |     |  |    |  |
|---|-----|--|----|--|
| Have you ever been employed by Bernard Matthews / Ovation before? | Yes |  | No |  |
|---|-----|--|----|--|

If yes, give details.

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|  |     |  |    |  |
|--|-----|--|----|--|
| Have you ever applied for a position at Bernard Matthews / Ovation before? | Yes |  | No |  |
|--|-----|--|----|--|

If yes, give details.

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|  |     |  |    |  |
|--|-----|--|----|--|
| Do you have any thing else to declare? | Yes |  | No |  |
|--|-----|--|----|--|

If yes, give details.

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**I hereby certify that to the best of my knowledge the answers given above are correct.**

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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| <b>PREPARED BY:</b> Training Team  |  | <b>AUTHORISED:</b> Allan Jack |                             |
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|  |  |                               | Signed                      |

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**INFORMED CONSENT TO RELEASE PERSONAL ACC INFORMATION**

|                      |  |
|----------------------|--|
| First Name           |  |
| Middle Name          |  |
| Surname              |  |
| Date of Birth        |  |
| Current Address      |  |
|                      |  |
| Previous Address     |  |
|                      |  |
| Phone Number         |  |
| Mobile Number        |  |
| Position applied for |  |
| Company              |  |

I, the undersigned, authorise **Ovation New Zealand Ltd, 113 Dunstan Road Gisborne** to obtain a copy of my ACC claims history.

I understand that in order that my privacy be protected, that **Ovation New Zealand Ltd**, will use this information ONLY to aid in evaluating my suitability for employment with **Ovation New Zealand Ltd** and for no other purpose.

I understand that once this purpose has been fulfilled that **Ovation New Zealand Ltd**, will destroy their copy of my claims information.

**Important**

Please attach a copy of either your **driver's licence / passport / birth certificate / Statutory Declaration** as proof of identification as required by ACC or we will be unable to process this application.

I understand that ACC will forward to me a copy of my claims history also.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

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