

Employment Application

1. Name: _____
2. Address: _____ Post code: _____
3. Date of Birth: _____
4. Phone: _____ Alternative No. _____
5. Are you a Student Yes / No _____ If yes available from _____ to _____
6. Shift work: (Circle) _____ Day shift _____ Night shift _____ Either _____
7. 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 _____
8. Reliable Transport (circle) _____ YES _____ NO _____

8. Previous experience in the Food / Meat industry

9. Referees: 2 / 3 work referees (must be contactable) With the persons name/Position the person holds and their phone number.

Name: _____ Company _____ Position _____
Phone No. _____

Name: _____ Company _____ Position _____
Phone No. _____

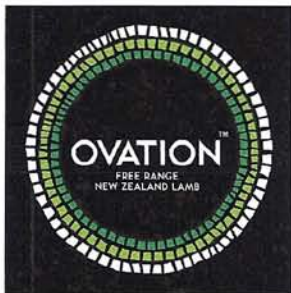
Name: _____ Company _____ Position _____
Phone No. _____

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

OVATION NEW ZEALAND LTD HUMAN RESOURCES MANUAL

TITLE: OV/HRFE/001 Employment Application			
PREPARED BY: Training Team		AUTHORISED: Allan Jack	
PC LOCATION and CLASSIFICATION H:\Human Resources Manual\Pre-employment\001-EMPLOYEE APPLICATION DOC		CREATED 19/08/2002	DATED: 01/10/2010
		Signed	

CONTROLLED DOCUMENT



Ovation New Zealand Ltd.

PROCESSORS & EXPORTERS OF
QUALITY FOOD TO THE WORLD

Fax (64) (06) 858-8311
Telephone (64) (06) 858-6390
Cook Street
P.O. Box 504
Waipukurau, 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 in an appropriate place.
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: ____/____/____

OVATION NEW ZEALAND LTD HUMAN RESOURCES MANUAL

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

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Fax (64) (06) 858-8311
Telephone (64) (06) 858-6390
Cook Street
P.O. Box 504
Waipukurau, New Zealand

PRE- EMPLOYMENT MEDICAL QUESTIONNAIRE:

NAME: _____ **Male** ___ **Female** ___ **DOB:** ___/___/___

To be completed by the applicant and reviewed by the Independent Specialist Occupational Physician and the Medical Administrator.

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? If yes, give details.	Yes	No

Have you any allergies and or drug reaction? If yes, give details.	Yes	No

Have you ever had an operation? If yes, give details.	Yes	No

Have you ever suffered a serious accident or injury? If yes, give details.	Yes	No

Have you ever had a broken bone or fracture? If yes, give details.	Yes	No

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

Heart disease or surgery If yes, give details.	Yes	No

OVATION NEW ZEALAND LTD HUMAN RESOURCES MANUAL

TITLE: OV /HRFE/ 007 Pre- employment Medical Questionnaire			
PREPARED BY: Training Team		AUTHORISED: Allan Jack	
PC LOCATION and CLASSIFICATION H:\Human Resources\Manual\Pre-employment\007 Pre-employment Medical Questionnaire.doc	CREATED 19/08/2002	DATED: 01/10/2010	Signed <i>aj</i>

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Chest pain, angina If yes, give details.	Yes		No	
High Blood pressure If yes, give details.	Yes		No	
Deafness, loss of hearing If yes, give details.	Yes		No	
Blackout, fits, epilepsy If yes, give details.	Yes		No	
Migraine or frequent headaches If yes, give details.	Yes		No	
Diabetes If yes, give details.	Yes		No	
Back pain, sciatica, lumbago, slipped disc If yes, give details.	Yes		No	
Neck injury, whiplash If yes, give details.	Yes		No	
Dermatitis, eczema, skin problems If yes, give details.	Yes		No	
Hernia If yes, give details.	Yes		No	

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Arthritis, rheumatism	Yes		No	
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If yes, give details.

Psychiatric illness	Yes		No	
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If yes, give details.

RSI, OOS (occupational overuse syndrome), tendinitis, fibromyalgia, chronic pain syndrome	Yes		No	
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If yes, give details.

Shoulder injury or strain	Yes		No	
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If yes, give details.

Elbow strain or tennis/golfers elbow	Yes		No	
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If yes, give details.

Wrist strain or carpal tunnel syndrome	Yes		No	
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If yes, give details.

Hand or finger problems	Yes		No	
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If yes, give details.

Knee problems, cartilage injury	Yes		No	
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If yes, give details.

Tuberculosis	Yes		No	
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If yes, give details.

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Hepatitis A, B, C or D	Yes		No	
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If yes, give details.

Asthma	Yes		No	
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If yes, give details.

Bronchitis	Yes		No	
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If yes, give details.

Do you smoke, or have you ever smoked	Yes		No	
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If yes, give details.

Other

Do you have any condition, which would prevent you from wearing standard Ovation safety equipment (gumboots, earmuff etc)?	Yes		No	
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If yes, give details.

Have you ever been employed by Ovation / Bernard Matthews before?	Yes		No	
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If yes, give details.

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

If yes, give details.

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

If yes, give details.

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

Name: _____

Signed: _____

Date: _____

OVATION NEW ZEALAND LTD HUMAN RESOURCES MANUAL

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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, 10 Cook Street Waipukurau** 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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