



**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

**Employment Application**

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

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

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

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

5. Production Area applying for (circle)      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> H:\PA Docs\Marketing\Tracta\Application Forms\Gisb Employee application full.docx		<b>CREATED</b> 19/08/2002	<b>DATED:</b> 20/03/2014
		Signed	



**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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**PRE- EMPLOYMENT MEDICAL QUESTIONNAIRE:**

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

To be completed by the applicant and reviewed by the Independent 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?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, give details.				

Have you any allergies and or drug reaction?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, give details.				

Have you ever had an operation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, give details.				

Have you ever suffered a serious accident or injury?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, give details.				

Have you ever had a broken bone or fracture?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, give details.				

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

Heart disease or surgery	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, give details.				

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Chest pain, angina	Yes		No	
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If yes, give details.

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High Blood pressure	Yes		No	
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If yes, give details.

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Deafness, loss of hearing	Yes		No	
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If yes, give details.

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Blackout, fits, epilepsy	Yes		No	
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If yes, give details.

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Migraine or frequent headaches	Yes		No	
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If yes, give details.

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Diabetes	Yes		No	
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If yes, give details.

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Back pain, sciatica, lumbago, slipped disc	Yes		No	
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If yes, give details.

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Neck injury, whiplash	Yes		No	
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If yes, give details.

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Dermatitis, eczema, skin problems	Yes		No	
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If yes, give details.

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Hernia	Yes		No	
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If yes, give details.

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Arthritis, rheumatism	Yes		No	
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If yes, give details.

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Psychiatric illness	Yes		No	
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If yes, give details.

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<b>RSI, OOS</b> (occupational overuse syndrome), tenosynovitis, fibromyalgia, chronic pain syndrome	Yes		No	
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If yes, give details.

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

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

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

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

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

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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.

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Asthma	Yes		No	
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If yes, give details.

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Bronchitis	Yes		No	
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If yes, give details.

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

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

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Have you ever applied for a position at Ovation before?	Yes		No	
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If yes, give details.  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any thing else to declare?	Yes		No	
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If yes, give details.  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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# Pre-employment check - request for ACC claims history

Please Read: Please complete this form and then email it to [preemploymentchecks@acc.co.nz](mailto:preemploymentchecks@acc.co.nz). Please provide a valid proof of identification: These include but are not limited to; Driver's Licence, Passport, 18+ Card, Birth Certificate, or Statutory Declaration signed by the Police or JP.

**Employers and recruitment agencies:** unless the job applicant gives specific permission, the claims history provided will not include information about any:

- mental injury as a consequence of physical injury claims
- declined claims including accredited employer claims
- treatment injury claims
- claims occurring more than 10 years ago
- sensitive claims
- wilfully self-inflicted claims
- accidental death claim dependants

## PART A: IDENTIFYING DETAILS

1. JOB APPLICANT'S DETAILS	PLEASE COMPLETE ALL SECTIONS
First Name:	Middle Name:
Surname:	Also known as (e.g Maiden name):
Date of Birth:	Phone Number/s:
Ethnicity:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Mailing address:	Suburb :
Town/City:	Postal Code :
Previous Address:	Type of work/Industry:

2. EMPLOYER OR RECRUITMENT AGENCY DETAILS	FOR ACC CLAIMS HISTORY RESULTS TO BE SENT TO
Organisation Name: Ovation NZ Limited (Gisborne)	Contact Person's Name: Ann Thorogood
Contact Phone Number: (06) 868 3921 Ext 213	Contact Email Address: <a href="mailto:ann.thorogood@ovation.co.nz">ann.thorogood@ovation.co.nz</a>

## PART B: CONSENT FOR ACC TO RELEASE INFORMATION

3. JOB APPLICANT'S CONSENT AND SIGNATURE		
<p>I authorise ACC to release my ACC claims history to the employer or recruitment agency named in Part A:2, and understand that I will be sent a copy to the mailing address marked in Part A:1.</p> <p>I understand that this information will only be used to decide whether I can carry out the job safely.</p> <p>I understand I have the right:</p> <ul style="list-style-type: none"> <li>• to see and correct this information under the Privacy Act 1993</li> <li>• that the employer or recruitment agency will use this information responsibly, and comply with the Privacy Act 1993, Health Information Privacy Code 1994 and the Human Rights Act 1993</li> <li>• that the employer or recruitment agency will destroy the information once the job application process is complete.</li> </ul>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Job applicant's signature:</td> <td style="width: 40%;">Date:</td> </tr> </table>	Job applicant's signature:	Date:
Job applicant's signature:	Date:	