



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. _____

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:\PA Docs\Marketing\Tracta\Application Forms\Waipuk Employee application full.docx		CREATED 19/08/2002	DATED: 20/03/2014
		Signed	



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

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 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: ____/____/____

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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 Resources Manager.
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"/>
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If yes, give details.

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

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

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

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

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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

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

High Blood pressure	Yes		No	
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If yes, give details.

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

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

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

Diabetes	Yes		No	
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If yes, give details.

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

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

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.

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.

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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.

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 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. 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 (Waipukurau)	Contact Person's Name: Allan Jack
Contact Phone Number: (06) 858 6390 Ext 665	Contact Email Address: allan.jack@ovation.co.nz

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"> • to see and correct this information under the Privacy Act 1993 • 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 • that the employer or recruitment agency will destroy the information once the job application process is complete. 		
<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:	