



Employment Application

1. Name: _____
2. Address: _____
3. Date of Birth: _____
4. Phone: _____ Alternative No. _____
5. Preference: (Circle) Slaughter Boning Either
6. Shift work: (Circle) Day shift Night shift Either Student
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

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/001f Employment Application			
PREPARED BY: Training Team		AUTHORISED: Allan Jack	
PC LOCATION and CLASSIFICATION	CREATED	DATED:	Signed
C:\Users\mhowar\Desktop\Website docs\2.af Employee Application.doc	19/08/2002	09/10/2015	



Ovation New Zealand Ltd.

PROCESSORS & EXPORTERS OF
QUALITY FOOD TO THE WORLD

Fax (64) (06) 323-7641
Telephone (64) (06) 323-7640
Kawakawa Road
Feilding 4775, 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: ____/____/____

OVATION NEW ZEALAND LTD HUMAN RESOURCES MANUAL

TITLE: OV/HRFE/006f Consent Form			
PREPARED BY: Training Team		AUTHORISED: Allan Jack	
PC LOCATION and CLASSIFICATION C:\Users\mhowar\Desktop\Website docs\2.bf Consent Form.doc		CREATED 19/08/2002	DATED: 09/10/2015
		Signed	



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PRE- EMPLOYMENT QUESTIONNAIRE:

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

To be completed by the applicant and reviewed by the Independent Doctor 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/ 007f Pre- employment Questionnaire			
PREPARED BY: Training Team		AUTHORISED: Allan Jack	
PC LOCATION and CLASSIFICATION C:\Users\mhowar\Desktop\Website docs\2.cf Pre-employment Questionnaire.doc		CREATED 19/08/2002	DATED: 19/01/2017
		Signed	

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

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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 / Gradual Process (occupational overuse syndrome), tenosynovitis, 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.

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

Asthma

Yes

No

If yes, give details.

Bronchitis

Yes

No

If yes, give details.

Do you smoke, or have you ever smoked

Yes

No

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

If yes, give details.

Have you ever been employed by Ovation before?

Yes

No

If yes, give details.

Have you ever applied for a position at Ovation before?

Yes

No

If yes, give details.

Do you have a criminal record

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 and give permission to verify the information stated.

Name:

Signed:

Date:

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Pre-employment check - request for ACC claims injury 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.

IMPORTANT - Employers and recruitment agencies: This form is valid for 1 month from the date signed by the applicant & 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:
<input type="checkbox"/> (please tick) If Less than 6 month in New Zealand.		Male <input type="checkbox"/> Female <input type="checkbox"/>
<input type="checkbox"/> (please tick) I have not had an accident related injury in the last 6 months.		
Postal address:		Suburb :
Flat/Unit No: 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 Ltd		Contact Person's Name: Christine Johnson
Contact Phone Number: 06 3239096		Contact Email Address: Christine.johnson@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 postal address marked in Part A:1. Please tick if you do not wish to receive a copy of this information. <input type="checkbox"/></p> <p>Please tick if you have received or consented to a Pre-employment claims injury history in the last 6 months. <input type="checkbox"/></p> <p>I understand that If, I have been in New Zealand for less than 6 months (Part A:1) and, have not had an accident related injury in New Zealand during this period, ACC will not process this request.</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. 	
Job applicant's signature:	Date: