

Type:	1. Recruitment	Document No:	HR01-FRM-004-V01
Title:	Application for Employment Food-Handling Positions (NZ)	Prepared By:	Adelyn Wischnowsky

APPLICATION FOR EMPLOYMENT – FOOD-HANDLING POSITIONS (NZ)

Please provide complete information in answer to each question.

PURPOSE

This information is collected for the purpose of assessing your suitability for employment with Groenz, which may include subsequent changes in employment within the Company.

COLLECTING AND HOLDING PERSONAL INFORMATION

The information you provide on this Application for Employment Form will be collected and held by Groenz, in accordance with the Privacy Act 1993. If your application is successful, this form will be retained on your employee file. If your application is unsuccessful, it will be destroyed along with any other application documentation.

YOUR ACCESS TO THIS INFORMATION

You have a right of access to personal information and to seek any correction you think necessary to ensure accuracy, in accordance with the Privacy Act 1993.

POSITION APPLYING FOR:

PERSONAL INFORMATION

First name(s):

Surname:

Previous name(s):

Contact numbers:

Email address:

Address:

LEGAL ENTITLEMENT TO WORK IN NEW ZEALAND

Are you a New Zealand Citizen/Permanent Resident or do you have a current Work Permit?

Yes No

Note: We require a copy of your New Zealand or Australian Passport or Birth Certificate and photo driver licence or relevant Work Permit/VISA.

Authorised by:	<i>awischnowsky</i>	Date Saved:	30/09/2014 9:03 a.m.	Last Printed:	30/09/2014 5:14 p.m	Page 1 of 7
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HEALTH AND SAFETY

The following information is required to assist Groenz to meet its obligations under the Health and Safety in Employment Act 1992, its subsequent amendments, the Accident Compensation Act 2001 and to assess your ability to perform the duties of the position safely.

It is important that you let us know of any health issues or disability that you have that is relevant to the position you are applying for.

Note: Letting us know that you have a medical condition or disability will not exclude you from being considered for the position.

PERSONAL HISTORY (ALL QUESTIONS MUST BE COMPLETED)

Do you suffer from, or have you had any of the following health problems which could affect your ability to carry out the position you are applying for?

(Manager must cross out the positions NOT to be filled in when form is given to applicant).

CONDITION (Please tick)	Administration or Managerial Positions	Other Positions including Production, Supply Chain and Sales
Headaches, migraine?		<input type="checkbox"/>
Concussion (head injury), loss of consciousness, dizziness, collapse or faints, epilepsy (fits or seizures), stroke or paralysis?		<input type="checkbox"/>
Eye or vision trouble including needing glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
Asthma or lung disease?		<input type="checkbox"/>
Heart disease, chest pains, high or low blood pressure?		<input type="checkbox"/>
Abdominal conditions including hernia or intestinal disease?		<input type="checkbox"/>
Psychiatric or mental disorders including schizophrenia, depression, anxiety or Post-Traumatic Stress Disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Shift work problems (accidents or excessive tiredness)?	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and/or drug abuse or dependence?	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal conditions including bone or joint disorder or back problems?		<input type="checkbox"/>
Sleep disorder or sleep apnoea?		<input type="checkbox"/>
Occupational Overuse Syndrome (OOS) or Repetitive Strain Injury (RSI)?	<input type="checkbox"/>	<input type="checkbox"/>
Allergy (including hay fever and bee stings and to chemicals), dermatitis or skin rashes?		<input type="checkbox"/>
Diabetes?		<input type="checkbox"/>
Hearing difficulty or ear disease?		<input type="checkbox"/>
Have you ever been exposed to any of the following; chemicals, noise, skin irritants, asbestos, dusts, heavy manual work or repetitive work?		<input type="checkbox"/>

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If you have ticked **YES** to any of these questions, please give details (e.g. type of position, exposure, symptoms, treatment and any modifications or adjustments to be able to undertake this position):

ADDITIONAL QUESTIONS FOR POSITIONS INVOLVING FOOD HANDLING

HAVE YOU NOW, OR HAVE YOU OVER THE LAST 24 HOURS, SUFFERED FROM:	
Diarrhoea and/or vomiting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Campylobacter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cryptosporidium?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Giardia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shingella?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Salmonella?	Yes <input type="checkbox"/> No <input type="checkbox"/>
VTEC (such as E. Coli 0157:H7)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yersinia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
AT PRESENT, ARE YOU SUFFERING FROM:	
Skin trouble affecting hands, arms or face?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Boils, stie or septic fingers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Discharge from eye, ear, gums or mouth?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DO YOU SUFFER FROM:	
Recurring skin or ear trouble?	Yes <input type="checkbox"/> No <input type="checkbox"/>
A recurring bowel disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had, or are you now known to be a carrier of typhoid or paratyphoid?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the last 21 days have you been in contact with anyone at home or abroad, who may have been suffering from typhoid or paratyphoid?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had Hepatitis A?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have ticked **YES** to any of these questions, please give details (e.g. type of position, exposure, symptoms, treatment and any modifications or adjustments to be able to undertake this position):

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Do you suffer from any other conditions not listed which may affect your ability to perform this position to a high standard (*for example, other medical conditions or allergies*)? If **YES**, please give details:

Yes No

Do you take any medications which may affect your ability to perform this position? If **YES**, please give details:

Yes No

Do you have any problems with wearing personal protective equipment including goggles, glasses, safety boots, aprons, overalls or gloves (*if required for your position*)? If **YES**, please give details:

Yes No

GENERAL

Do you intend to engage in other paid work whilst employed in this position?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a current drivers licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what class?	CLASS: <input type="text"/>
Are you awaiting hearing of any charges for driving offences?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have, or are you aware of, any likely commitments which may prevent you from attending work during working hours or affect your availability for overtime (for example, sports, hobbies, special interests, education or training)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In order to both support voluntary public activities, whilst also understanding potential impacts of those on our operational needs, are you a member of a territorial force unit or a volunteer fire brigade?	Yes <input type="checkbox"/> No <input type="checkbox"/>
To avoid any potential conflicts of interest, do you have a spouse, partner, relative or household member working for Groenz or elsewhere in the industry?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you previously been employed by Groenz or in this industry?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you prepared to work overtime?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you prepared to work shifts?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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If your application is accepted, when could you commence employment?

CRIMINAL OFFENCES

Have you been convicted or discharged without conviction as a result of criminal charges in New Zealand (excluding those convictions protected from disclosure by the Criminal Records (Clean Slate) Act 2004) or any other country?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are there any charges pending against you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have ticked **YES** to any of these questions, please give details:

REFEREES

Please provide details of two work-related referees that you authorise us to contact and whose consent has been obtained.

	1 st Referee	2 nd Referee
Name	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	<input type="text"/>
Contact Number	<input type="text"/>	<input type="text"/>
Contact Number	<input type="text"/>	<input type="text"/>
Relationship (i.e. Manager)	<input type="text"/>	<input type="text"/>

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DECLARATION

I declare that to the best of my knowledge, the answers to the questions in this Application for Employment Form are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed.

Signature:

Date:

OK HEALTH TESTING CONTACT NUMBERS AND LOCATIONS

Office Hours	0508 437 848
After Hours (Wellington)	021 859 487
Wellington Location Address	1st Floor, 8 Fitzherbert Street, Petone
Auckland Location Address	1st Floor, 20 Te Pai Place, Henderson
Hamilton Location Address	384 Peachgrove Road, Hamilton

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CONSENT FOR DRUG TESTING

I consent to undergo a urine drug test, to be undertaken by a NZQA qualified collector and urine drug screener and an accredited laboratory appointed by Groenz which I acknowledge is for the purpose of determining whether I have a level(s) of a drug(s) (as defined by Groenz's Policy) higher than:

- The accepted international standard as defined by the Australian/New Zealand Standard AS/NZS 4308:2008; or
- The level determined by the laboratory

I understand that a urine specimen will be collected and the drugs being tested for are cannabinoids, opiates, amphetamine type substances (including party pills containing benzylpiperazine), cocaine and benzodiazepines. I understand that other illicit drugs (e.g. LSD, synthetic THC, cathinone derivatives), restricted and legal party substances, misused prescription drugs and other mind altering substances can also be tested for.

I undertake to advise the qualified collector of any medication that I am taking. I also agree to provide the collector with verification of my identity (photo ID and signature) and two unique identifiers (e.g. full name and date of birth).

I consent to the confidential communication of the drug test(s) results to Groenz.

I understand that I may request a second test be conducted on the reserve sample which was split from the original urine and is stored at the laboratory. This request must be made within seven days of receiving the result. For the second test to be positive there need only be the presence of drug or metabolite detected (i.e. not cut off limits). This will be accepted as a conclusive result and costs associated with this test will be borne by me. If the second test proves negative this will be accepted as a conclusive result and costs associated with this test will be reimbursed by Groenz.

Any collection, storage or exchange of information concerning the drug test will be in accordance with the requirements of the Privacy Act and results will only be used for the purposes for which they were obtained.

I understand that refusing to sign this form, or the return of a positive result means that:

- **Pre-employment/ internal transfer:** the job offered/applied for will not be confirmed or offered to me
- **Current employee:** the company disciplinary procedure will follow which may include dismissal or the requirement to take part in a Rehabilitation Programme.

I have read and understood the terms of this consent form.

Signature of Applicant/Employee: _____ **Date:** _____

Witnessed: _____ **Date:** _____

Witness Name: _____