

## APPLICATION FOR EMPLOYMENT

The completion of this form does not indicate that there is any obligation on this Company to offer employment to the applicant. The personal information you provide in this document will be held by this company for a limited period of time only and will be used for the purpose of assessing your suitability for employment. It will be accessible to senior management staff only. You have a right of access to this information to ensure its accuracy. This is a Confidential Document subject to the Privacy Act 1993

### SECTION ONE: Position

**Company:** I.T. Watson Ltd trading as Freshchoice Richmond

**Position applied for:** \_\_\_\_\_

**I am available to work:**  Full Time – a minimum of 30 hours per week (as per an assigned roster)

Part Time – less than 30 hours per week (as per an assigned roster)

If your Application for Employment is accepted, when could You commence employment with **Freshchoice Richmond**? \_\_\_\_\_

What is your notice period with your current employer (if applicable)? \_\_\_\_\_

### SECTION TWO: Personal Information

**SURNAME or Family Names:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Place of Birth:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_

**Are you known or have you been known by any other name(s)?** i.e. Maiden Name  YES  NO

If YES please give details: \_\_\_\_\_ **Current**

**Residential Address:** Street Name and Number: \_\_\_\_\_

Suburb: \_\_\_\_\_

City: \_\_\_\_\_ Post Code: \_\_\_\_\_

**Relevant Contact phone numbers:** Home : \_\_\_\_\_

Mobile: \_\_\_\_\_

Other: \_\_\_\_\_

**Relevant email addresses:** Home \_\_\_\_\_

Work \_\_\_\_\_

Have you previously been employed by Freshchoice, Supervalu, Woolworths, Price Chopper, Big Fresh, Foodtown, Countdown, The Supply Chain or any other Supermarket?

If yes, please provide details: \_\_\_\_\_

**SECTION THREE: Drivers Licence**

Do you hold a current NZ Drivers Licence?  YES  NO

If yes: Drivers Licence No. \_\_\_\_\_ Version (5b on license): 

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Classes on your licence \_\_\_\_\_

Do any special conditions apply to your licence?  YES  NO

If yes, give brief details: \_\_\_\_\_

Have you ever been disqualified from driving?  YES  NO

If yes, give brief details: \_\_\_\_\_

Do you have any current demerit points against your licence?  YES  NO

If yes, give brief details: \_\_\_\_\_

**SECTION FOUR: Legal Work Status**

Are you a citizen of New Zealand?  YES  NO

If yes: Can you produce evidence if required?  YES  NO

If no: Do you have the right of permanent residence?  YES  NO

Do you have a work permit?  YES  NO

**If yes:** Please provide a copy of the relevant page in your passport.  
Copy attached:  YES  NO

**SECTION FIVE: Education & Industry Specific Qualifications**

**Education:** includes NCEA, School Certificate or University Entrance, University, Technical Institute, licences, attendance at courses

Qualification:	Gained from:	When Completed
Industry Specific:		
Qualification:	Gained from:	When Completed

**SECTION SIX: Employment History**

Note: Please **DO NOT** write 'as per cv etc' – please complete in full.

**1. Present or most recent Employer**

Employed from: \_\_\_\_\_ to \_\_\_\_\_

Company Name: \_\_\_\_\_

Person you reported to: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_

Nature of work: \_\_\_\_\_

Reason for leaving / or wishing to leave \_\_\_\_\_

**2. Next most recent Employer**

Employed from: \_\_\_\_\_ to \_\_\_\_\_

Company Name: \_\_\_\_\_

Person you reported to: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_

Nature of work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**3. Next most recent Employer**

Employed from: \_\_\_\_\_ to \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Person you reported to: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_

Nature of work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**4. OTHER CONTACT PERSON / REFEREE**

Name of Referee: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Referee: \_\_\_\_\_ How long have you known Referee: \_\_\_\_\_

**5. OTHER CONTACT PERSON / REFEREE**

Name of Referee: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Referee: \_\_\_\_\_ How long have you known Referee: \_\_\_\_\_

For the purposes of compliance with the Privacy Act 1993 do you consent to the company contacting the people you have listed above to enquire into the accuracy of information supplied in this application form, or any other matter relating to your suitability for employment?

**Present Employer (1):**  YES  NO **Past Employer (2):**  YES  NO **Past Employer (3):**  YES  NO  
**Referee (4):**  YES  NO **Referee (5):**  YES  NO

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION SEVEN: Health**

If you are offered employment the offer may be made subject to your obtaining a full medical clearance (by completion of a medical examination) to assess your fitness for the job for which you are applying. Do you consent to this?  YES  NO

Do you smoke?  YES  NO

Do you have a hearing disability?  YES  NO

Do you require corrective lenses or contact lenses to drive, read or use a computer?  YES  NO

Do you agree to undertake random drug and alcohol testing if required?  YES  NO

Are you allergic to, or have sensitivity to any substances or chemicals?  YES  NO

Have you ever suffered any back injury or back strain?  YES  NO

If yes, please detail \_\_\_\_\_

Have you ever suffered from any overuse injuries e.g. RSI or OOS?  YES  NO

If yes, please detail \_\_\_\_\_

Have you ever had an injury resulting in an ACC claim?  YES  NO

If yes, please detail \_\_\_\_\_

Have you ever been addicted to or had treatment for any form of substance abuse? (namely alcohol, prescriptive medicine or narcotics/drugs)  YES  NO

If yes, please detail \_\_\_\_\_

Have you ever suffered or been treated for depression or any stress related disorder?  YES  NO

Do you have any known condition, which might put yourself or other staff at risk?  YES  NO

If yes, please detail \_\_\_\_\_

How many days absence due to sickness or injury have you claimed in the last 12 months of employment?

- 0-2     2-5     6-10     11-15     16-20     over 20 days

In consideration of the duties outlined in the **position description** for this role, do you have any condition, illness, injury or disability which may affect your ability to effectively carryout the functions and responsibilities of the position you have applied for?

If so, please give details:

## SECTION EIGHT: General

Have you been charged or convicted with a criminal offence in the last 10 years?  YES  NO  
If yes, give brief details: \_\_\_\_\_

**PLEASE NOTE: Criminal Records (Clean State) Act 2004 – to be eligible to state 'No' (above) you must have:**

- No convictions within the last 7 years;
- Never been sentenced to a custodial sentence (e.g. imprisonment, corrective training, borstal);
- Never been ordered to be detained in hospital due to a mental condition, following a criminal case, instead of being sentenced;
- Not been convicted of a 'specified offence' (e.g. sexual offending against children, young people or mentally impaired);
- Paid in full any fines, reparation or costs; and
- Never been indefinitely disqualified from holding or obtaining drivers licence as a result of repeat offences involving using of alcohol or drugs.

Are you awaiting the hearing of charges in a civil or criminal court of law?  YES  NO

If yes, give brief details: \_\_\_\_\_

Have you ever been dismissed, or been the subject of an investigation by your Employer for misconduct or serious misconduct or dishonesty.?  YES  NO

If yes, give brief details: \_\_\_\_\_

Have you ever been the subject of the Police Diversion Scheme?  YES  NO

If yes, give brief details: \_\_\_\_\_

## SECTION NINE: Any additional information

Do you have any **additional information** that you consider may assist your application? Please carry over onto another page if required.

## SECTION TEN: DECLARATION: You must read and understand this section

I \_\_\_\_\_ (full name) declare that to the best of my knowledge, the answers to the questions in this application 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. I further authorise **I.T. Watson Ltd** trading as **Freshchoice Richmond** or their authorised agents to make such enquiries on the information supplied as is deemed necessary to determine my suitability for employment. I understand and accept that all such information supplied or verified concerning me will be done within the provisions of the Privacy Act 1993. I further understand that all information gathered will be used only to verify my employment details and that I have a right of access to all information gathered to ensure accuracy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_