



# Crusader Meats New Zealand Ltd

## Application for Employment

**CONFIDENTIAL**

**Applicants Full Name**

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*The information contained in this form is confidential and details will not be divulged to any person outside the company without authority. This form should be completed accurately and signed at the bottom of the last page.*

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Crusader Meats New Zealand Ltd  
R D 7  
Te Kuiti 3987  
Tel: 07 878 7077  
Fax: 07 878 7080



Have you ever been convicted of a criminal offence or are you awaiting the hearing of charges?  
Please note that under the Criminal Records (Clean Slate) Act 2003, you are not required to disclose certain convictions.

Yes  No

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

**EMPLOYMENT HISTORY**

Please show most recent employer first.

1. Employer: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

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

Responsibilities: \_\_\_\_\_

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

2. Employer: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

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

Responsibilities: \_\_\_\_\_

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

3. Employer: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

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

Responsibilities: \_\_\_\_\_

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

This position requires certain skills and abilities. Please state why you believe you are suited to this position (ie. reliability, fit and physically able, team player etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state what you think makes a 'good employee'. \_\_\_\_\_

\_\_\_\_\_

**GENERAL INFORMATION**

Are you able to work Saturday and/or Sunday if required? Yes  No

If no, please explain why: \_\_\_\_\_

Is there anything that may prevent you from attending work in the future (ie. Overseas Trip /

Surgery) Yes  No

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

## **EDUCATION AND QUALIFICATIONS**

Please provide details of any secondary education.

Highest level reached: \_\_\_\_\_ Date: \_\_\_\_\_

Qualification obtained: \_\_\_\_\_

Please provide details of any other qualifications and training, including trade qualifications.

Course completed: \_\_\_\_\_ Date: \_\_\_\_\_

Details: \_\_\_\_\_

## **REFEREES – please name two work references, preferably your current/most recent Supervisor/Manager**

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

Company: \_\_\_\_\_ Phone number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone number: \_\_\_\_\_

For the purposes of compliance with the Privacy Act 1993, do you consent to the Company contacting your current/previous employers?

Yes  No

## **MEDICAL INFORMATION / HISTORY – it is important prospective employees understand the risks/hazards that have been identified in this working environment as having the potential to contribute to an existing condition, it is therefore necessary to determine the following:**

Have you ever been regularly exposed to loud noise? Yes  No

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

Have you ever been regularly exposed to chemicals? Yes  No

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

Do you suffer from any condition which would prevent you from wearing safety footwear or safety gear / equipment? Yes  No

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

Are you presently being treated by a doctor or any other health or medical provider for any illness, injury or condition? Yes  No

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

Please advise the last time you went to a Doctor and what it was for?

Are you on any medication? Yes  No

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

Have you ever had any serious illness, injury or operation? Yes  No

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

Have you ever been admitted to Hospital? Yes  No

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

Do you or have you ever suffered from any of the following?

Back injury	YES / NO	Allergies	YES / NO
Shoulder Injury	YES / NO	Asthma	YES / NO
Wrist / arm injury	YES / NO	Dermatitis / Eczema	YES / NO
Leg / ankle Injury	YES / NO	Psoriasis	YES / NO
RSI / OOS	YES / NO	Hay fever	YES / NO
Sprain / Strain	YES / NO	Diabetes	YES / NO
Broken / Fracture Bone	YES / NO	Hernia	YES / NO
Eye problems	YES / NO	Heart trouble	YES / NO
Deafness / Loss of hearing	YES / NO	High blood pressure	YES / NO
Epilepsy / Fits / Fainting	YES / NO	Stroke	YES / NO
Head injury	YES / NO	Kidney trouble	YES / NO
Migraines	YES / NO	Stomach ulcers	YES / NO
Concussion	YES / NO	Anxiety	YES / NO
Frequent Headaches	YES / NO	Breakdown	YES / NO
Blackouts	YES / NO	Mental disorder	YES / NO

If you have answered YES to any of the above please provide details and dates: \_\_\_\_\_

Have you previously claimed ACC for a work/non-work related injury or illness? YES / NO

Do you consent Crusader Meats NZ Ltd to contact ACC for claims history? YES / NO

This position could require you to do undertake in all or any of the following:

Are you able to lift 30kgs? YES / NO

Are you able to stand up to 3 hours without a break? YES / NO

Are you able to work in an area that is hot (30°C) or cold (4°C)? YES / NO

Are you able to work in an area that may have a strong smell? YES / NO

Are you able to work in an area that is quite noisy? YES / NO

Would it cause a problem if you were required to wash your hands and arms up to 5 times per minute? YES / NO

Do you have a problem with blood or seeing animals slaughtered? YES / NO

Do you smoke? YES / NO If yes, how many per day?: \_\_\_\_\_

Do you take drugs? YES / NO If yes, what?: \_\_\_\_\_

Do you consent to a pre-employment drug test? YES / NO

## **DECLARATION**

I hereby authorise Crusader Meats New Zealand Ltd to contact any of my previous employers or any of my references with any and all information regarding my history. A photocopy of this authority shall be as valid as the original.

I understand that if I am successful in gaining employment with Crusader Meats New Zealand Ltd my employment is subject to a 90 DAY TRIAL PERIOD during which time I may be dismissed and I am not able to bring legal proceedings in respect to the dismissal.

I understand that if I am offered employment I will be required to undertake and pass a Meat Handlers Medical Examination as a condition of my employment. I understand that I will be required to undertake further medical tests and / or a Drug Test as a condition of my employment.

I understand that if I have given any false or misleading information or suppressed any material fact in this application, interview or any other employment related document it may result in a job offer being withdrawn or termination of employment if I have been employed.

I declare that the information provided by me in this application is true and correct in every particular.

Signature: \_\_\_\_\_

Name in full: \_\_\_\_\_

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

## **PERSONAL INFORMATION UNDER THE PRIVACY ACT 1993**

The information that you supply on this application form is solely to assess your suitability for the employment with the Company in the position applied for. This information will be securely held in the Company's files and under the company's rules of access. No information will be disclosed to third parties without your authorization, except as required by law. If you are unsuccessful, your application may be held for up to 12 months and then will be confidentially destroyed.

**Note: Completion of this form does not indicate any commitment to employ you.**

**OFFICE USE ONLY**

- Drug Test Completed and passed
- Copy of Individual Employment Agreement given
- 90 day Trial Period discussed

**Interview Notes:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Present at Interview: \_\_\_\_\_

Interview Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_