



Crusader Meats New Zealand Ltd

Application for Employment

CONFIDENTIAL

Applicants Full Name

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.

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

POSITION APPLIED FOR: _____

When are you able to start work? _____

Where did you hear about this vacancy?

Website _____ Newspaper _____

Word of Mouth _____ Other _____

WINZ / Are you receiving a WINZ benefit? _____

PERSONAL DETAILS

Preferred title (circle one): Mrs Mr Miss Ms

Name: _____
 (Surname in capitals) (Given names)

Address: Street Number / Name _____
 Town / City _____

Phone: _____ Mobile: _____

Email Address: _____

Date of Birth (for insurances purposes): _____

Are you legally entitled to work in New Zealand? Yes No

A New Zealand Citizen Yes No

A permanent resident Yes No

A holder of a current work visa Yes No

Do you hold a current driver's license? Yes No

(Circle one) Full Restricted Learners Other: _____

Please attach a copy of your driver's license to this application

Do you own reliable transport to use to come to work? Yes No

PERSONAL HISTORY

Have you previously worked at Crusader Meats NZ Ltd? Yes No

If so, why did you leave? _____

Have you ever been convicted of a criminal offence or are you awaiting the hearing of charges?

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: _____

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

Saturday and/or Sunday is required. 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.

Qualification obtained: _____

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

Course completed: _____ Date: _____

Details: _____

REFEREES – 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 you 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:

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

If yes, please provide details: _____

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: _____

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

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: _____

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 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

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 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

Interview Notes:

Date: _____ Time: _____

Present at Interview: _____

Interview Notes: _____



Crusader Meats NZ Ltd

Applicant Consent Form

Crusader Meats NZ Ltd (the Company) has a drug and alcohol policy which outlines that all offers of employment are conditional on the applicant returning a negative drug and alcohol test.

Instruction for Use:

Please read the following terms, conditions and information set out in this form. After you have read it, please sign the form to acknowledge that you consent to participating in drug and alcohol testing and understand the consequences of returning a non-negative or positive test result.

Authority and Declaration:

I agree to participate in drug and alcohol testing as a part of my recruitment for a role with the Company.

I agree to submit a specimen of urine and I authorise the Company to test the urine for drugs to determine if the level of drugs in my system is above the cut off levels outlined in AS/NZ 4308: 2008.

I understand that my urine specimen will be tested for amphetamine type substances, benzodiazepines, cannabis metabolites, cocaine metabolites, opiates and any others drugs if applicable.

I agree to notify the testing agent responsible for conducting the drug test if I am taking any medication.

I also agree to participate in alcohol testing which includes testing my breath alcohol level to determine if I am over the cut off level 250 micrograms of alcohol per litre of breath (250µ/L) for applicants over 20 years of age, and 0 (zero) micrograms of alcohol per litre of breath (0µ/L) for applicants under 20 years of age.

I understand that the testing agent will notify the Company of my test results which the Company will treat as private and confidential.

I understand that any offer of employment that I have received is conditional on my drug and alcohol tests returning a negative result.

I understand that if either of my drug or alcohol test results are positive or if I have tampered with the integrity of the specimen that I provide, the Company will consider that the conditions of the offer of employment have not been fulfilled and the offer of employment will be withdrawn.

I understand that if I refuse to sign this form or consent to, or participate in drug and alcohol testing, the Company will consider that the conditions of the offer of employment have not been fulfilled and the offer of employment will be withdrawn.

I have read, understand and agree to the contents of this form.

Applicant's name: _____

Applicant's signature: _____

Date: _____