

The information supplied in this application shall only be used for the purpose of selection for employment.

| | | |
|--|---|---------|
| Name: | | |
| Address: | | |
| Contact Phone Numbers: | Home: | Mobile: |
| Date of Application: | Date able to commence work: | |
| Position Applying for: | | |
| Emergency Contact Person: | Emergency Contact Phone Number: | |
| Do you Agree to a Trial Period: | Do you Agree to the Work Being Seasonal: | |

Please list any previous work experience or special skills:.....

.....
 Please be aware factory work can involve standing for long periods of time, highly repetitious tasks, heavy lifting, noisy/hot/cold/humid environment, exposure to cleaning chemicals and potential allergens e.g. mussel juice.

For The Following Questions - Please Circle Yes or No as Applicable.

| | |
|---|------------------------------------|
| Are you over 16 years of age? | Yes / No |
| Are you legally entitled to work in New Zealand? - You may be asked to provide proof of this. | Yes / No |
| Are you awaiting the hearing of charges in a Civilian Court? | Yes / No |
| Have you ever been charged or convicted of a criminal offence? | Yes / No |
| Do you have any commitments which may prevent you from attending your place of employment during ordinary hours or affect your availability for overtime? | Yes / No |
| Do you have or have you had an injury or medical condition caused by gradual process, disease, or infection: Hearing loss, sensitivity to chemicals, repetitive strain injuries, which the tasks of the job you are applying for may aggravate or contribute to? - An untrue answer may mean you will not be entitled to compensation. | Yes / No |
| If yes, please provide details (including what reasonable accommodation you would require to perform the task e.g. medication, physical aids): | |
| Are you or have you ever suffered from or been suspected of carrying the following? | |
| Typhoid Fever | Para typhus A and B |
| Dysentery | Infectious Hepatitis |
| Scarlet Fever | Contagious Tuberculosis |
| Infectious Enteritis (Salmonellosis) | Human Immunodeficiency Virus (HIV) |
| | Yes / No |
| Have you a previous employer that can give you a reference? Complete Reference Consent on back of this page. | Yes / No |

I agree that all the information that I have supplied in this application form is correct. I understand that falsification of any information may result in dismissal if employed.

Signed by Applicant: _____ **Date:** _____

OP COLUMBIA REFERENCE CONSENT FORM

REFERENCE 1.

| | |
|--|---------------|
| I (Full Name) | |
| give my consent for OP Columbia to obtain information from the below mentioned Company or Person in relation to my employment enquiries. | |
| Name of Referee: | |
| Company Name: | |
| Position Held: | |
| Contact Address: | |
| Contact Phone Number: | |
| Employment Dates: | |
| Signed: | Dated: |

REFERENCE 2.

| | |
|--|---------------|
| I (Full Name) | |
| give my consent for OP Columbia to obtain information from the below mentioned Company or Person in relation to my employment enquiries. | |
| Name of Referee: | |
| Company Name: | |
| Position Held: | |
| Contact Address: | |
| Contact Phone Number: | |
| Employment Dates: | |
| Signed: | Dated: |