

APPLICATION FOR EMPLOYMENT

Thank you for taking the time to complete this Application for Employment with Walter Findlay Limited.

Please note that completion of this form does not constitute an offer of employment.

Section 1 – Personal Information

Surname: _____ Date: _____

First Names: _____ Name(s) Used: _____

Home Address: _____

If under 18, please list age _____

Contact Phone No's

Work: _____ Mobile: _____

Home: _____

Email Address: _____

Position Applying For: _____

Employment Desired: Full -Time Only Part -Time Only Full-Time or Part-Time

Can you work nights? Yes/No

Are you legally entitled to work in New Zealand for an indefinite period of time? Yes/No

Have you worked for Walter Findlay Limited before? – *if yes please provide details.* Yes/No

If offered a position, when would you be available to commence work? *Please specify*

Do you have any out of work commitments that will affect your ability to carry out the duties and responsibilities of employment, including your ability to work shift work and/or any additional hours which may reasonably be required? *If yes please explain:* Yes/No

Do you have any form of medical condition, gradual process injury, disability or substance dependency which could affect your ability to effectively carry out the duties and responsibilities of employment or which may be aggravated or further contributed to by the functions and responsibilities of employment? *If yes please specify the condition below:* Yes/No

If you are offered a position with the company do you agree to undertake a base-line medical examination to assess your health in relation to the tasks you may be undertaking during the course of your employment if required? By signing this agreement, you also consent to a drug test prior to commencing employment. Yes/No

Are you able to handle all products, materials and equipment used in the industry? – *if no, please state why* Yes/No

Are you allergic to, or have any sensitivity to any substances or chemicals? – *if yes please state nature of condition* Yes/No

Have you ever suffered a back injury of any kind? – *if so, please provide details* Yes/No

Have you made any work related ACC claims in the past 2 years? –*if yes please provide details.* Yes/No

Will you provide Walter Findlay Ltd with your ACC records? Yes/No

Have you had an injury or medical condition caused by gradual process, disease or infection e.g. hearing loss, sensitivity to chemicals, repetitive strain injuries that may be aggravated or further contributed to the tasks of the position you are applying for? *If yes please specify:* Yes/No

Are there any special services or facilities an employer can provide to enable you to more effectively carry out your work duties? *If yes please specify:* Yes/No

Have you any criminal convictions? Yes/No

Have you been charged with a criminal offence or have any criminal charges pending against you? Yes/No

Have you been subject to an investigation for dishonesty/theft by a previous employer or been dismissed from any previous employment? *If yes please specify:* Yes/No

Are you fluent in any languages other than English? *If yes please specify:* Yes/No

Is there anything else Walter Findlay Limited should know that might affect your ability to carry out any work responsibilities or which may affect the employer's decision to employ you? *If yes please specify:* Yes/No

Are you currently subject to any restraint of trade obligations? *If yes please specify:* Yes/No

As Walter Findlay is a bakery/food premises special hygiene requirements need to be satisfied. Have you ever suffered from any of the following food related illnesses? – *If you have, please provide details of when this was and what your current condition is.* Yes/No

Campylobacter

Cryptosporidium

Giardia

Yersinia

Hepatitis A

Typhoid

Paratyphoid

Cholera

Shingella

Salmonella

VTEC

Section 2 – Qualifications, Experience and Employment History

Please outline relevant qualifications:

Please outline any relevant experience:

Please outline your employment history: (note that we seek your permission on the next page to use your current manager as a referee).

To be considered for a Driving position, a photocopy of your current Driving Licence must be attached to this application.

Yes/ No If No reason why:

Classes Held:

Please list any Driving Convictions you have had:

Section 3 – Declaration and Authorisation

1. I declare that the information supplied by me is given freely and is to the best of my knowledge, true, accurate and complete in all respects.
2. I acknowledge that the information provided about me to Walter Findlay Limited including my resume, references and any tests will be held by Walter Findlay Limited to be used for the purpose of evaluating my qualifications, experience and suitability for employment.
3. I understand that failure to complete all sections truthfully will render my application for employment invalid, and that any employment on the basis of any false or inaccurate information provided by me may be grounds for dismissal.
4. I understand that I have the right to review personal relevant information about me which is held by Walter Findlay Limited (subject to exemptions under The Privacy Act 1993 including evaluative material) and to request correction or updating if necessary.
5. I authorise Walter Findlay Limited to retain any information about me until I advise, verbally or in writing, that I no longer wish to seek employment opportunities in which case the company will update its records accordingly.
6. I authorise Walter Findlay Limited to contact the following referees to gain additional information about me:

Referees

Current Manager _____ Position held _____ Organisation _____
 Tel: (Work) _____ Tel: (DDI) _____ Tel: (Mobile) _____ Tel: (Home) _____

Name _____ Position held _____ Organisation _____
 Tel: (Work) _____ Tel: (DDI) _____ Tel: (Mobile) _____ Tel: (Home) _____

Name _____ Position held _____ Organisation _____
 Tel: (Work) _____ Tel: (DDI) _____ Tel: (Mobile) _____ Tel: (Home) _____

Sign Here

Signed by (*print name*) _____ Date _____
 Signature _____