



Received by.....
Date..... Time.....
Checked.....
INTERVIEW
Date..... Time.....
Attended Yes <input type="checkbox"/> No <input type="checkbox"/>

This application is to be completed personally by the applicant and will be relied upon for this application as well as during any employment.

Please tick appropriate box for the branch you are applying to work at, and then send application form to that branch.

- | | |
|---|---|
| <input type="checkbox"/> MOTUEKA - PO Box 5, Ph 03 528 2800 | <input type="checkbox"/> NELSON - PO Box 7064 ,Ph 03 548 0109 |
| <input type="checkbox"/> TAKAKA - PO Box 77 Ph 03 525 9821 | <input type="checkbox"/> GREYMOUTH - PO Box 274, Ph 03 769 9070 |
| <input type="checkbox"/> WESTPORT - PO Box 230 , Ph 03 789 7977 | <input type="checkbox"/> ASHBURTON - PO Box 244, Ph 03 307 9600 |
| <input type="checkbox"/> TIMARU - PO Box 119 , Ph 03 687 9500 | <input type="checkbox"/> BLENHEIM - PO Box 304, Ph 03 572 6100 |

Must be completed by the applicant in own writing.

Privacy Act 1993

The information on this form and supporting information may be seen by the Managers, Supervisors, Payroll Staff/HR Department & Administration Staff.

If your application is successful, this application form will become part of your Personnel File and the information contained can be accessed by Talley's.

If your application is unsuccessful, this application form will be kept on record with your permission for 3 months after an appointment to the position has been made, and then destroyed in a confidential manner.

DATE AVAILABLE TO START WORK.....

Personal Information

NAME	Surname :	
	Given Names (<u>underline the name used</u>)	
ADDRESS	Address:	
	Town/City:	
	Email address;	
	Home phone:	Work phone:
	Mobile phone:	
DATE OF BIRTH		

Drug Policy

All prospective employees of Talley's may be required to undergo a pre- employment drug test. When this test is required, the applicant will be informed and the test must be completed with a negative result before any offer of employment is fully confirmed.

If requested, I consent to undergo a drug test.

Applicants name..... Office use: Result was positive/negative.

Applicants signature..... Date.....

Referees

List the name and details of two referees, preferably your most recent past employers.

Name	Position they hold	Company	Phone Number

I consent to the company seeking verbal or written information about me from my previous/current employers and/or referees and authorize the information sought, to be released to Talley's.

Applicants signature..... Date.....

Do you have the right to work in New Zealand?

If Yes, are you a:

- New Zealand Citizen
- Permanent Resident
- Hold a Work Permit for this company
- Hold an Open Work Permit
- An Australian citizen or Resident

You may be asked for evidence of your right to work, for example, your passport.

Education- including any work training

Secondary, Polytechnic University,etc	From	To	Course Taken	Qualification Gained

Other certificates, licenses or skills?.....

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

If Yes, list classes:.....

Work History: start with most recent position

Name of employer.....

Address..... Length of service From.....To.....

Position held..... Nature of work.....

Reason for leaving.....

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Name of employer.....

Address..... Length of service From.....To.....

Position held..... Nature of work.....

Reason for leaving.....

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Name of employer.....

Address..... Length of service From.....To.....

Position held..... Nature of work.....

Reason for leaving.....

.....

Name of employer.....

Address..... Length of service From.....To.....

Position held..... Nature of work.....

Reason for leaving.....

.....

Do you have any commitments which may prevent you from attending your place of employment in the future? (E.g. planned holidays, exams, volunteer fire brigade?) Yes No

If YES, please give details.....

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Search Consent

I understand that if I am employed by Talley's, I may be subject to a search of my bag, vehicle, clothing or any other property of mine that enters the factory site, in accordance with Company rules ;in order to detect the possession of unauthorized company property, unauthorized alcohol or drugs.

Applicants Signature..... Date.....

Occupational Health Profile

These questions are designed to assist Talley's to meet its obligations with respect to an employee's health and safety, as well as food safety and food hygiene standards. Statements in brackets explain aspects of employment tasks you may be asked to undertake while working for Talley's that may be affected by a health issue.

Please tick appropriate answer	Yes	No	Your Comments
Have you ever suffered neck/back pain or a head injury? (Concentration skills, knives/manual handling)			
Do you suffer any chest conditions e.g. asthma? (Manual handling, long hours at peak production, cold environment)			
Do you suffer from high blood pressure? (Long hours, stress at peak production)			
Have you suffered from any heart conditions e.g.: angina, heart attack, rheumatic fever? (Manual handling, long hours, stress at peak production)			
Do you suffer from Vertigo (dizziness)? (working at heights)			
Do you have diabetes? (Long hours, stress at peak production, manual handling)			
Do you have any hernias?(Manual handling)			
Do you have, or have you suffered from epilepsy/blackouts? (Fixed and dangerous plat within close proximity of work area)			
Do you suffer from any sleep disorders? (Long hours, stress at peak production, concentration)			
Have you had any repetitive strain problems? (Repetitive work, working with knives)			
Do you suffer from gout, arthritis, varicose veins or joint trouble? (standing for long hours on hard floors, cold environment)			
Have you had any diseases or conditions affecting your hearing? (noisy work environment)			
Do you have any skin conditions e.g. eczema, dermatitis, psoriasis, rashes? (Food safety and hygiene)			
Have you had hepatitis/ jaundice? (Food safety and hygiene)			
Do you have any allergies? (Medication needs should an accident occur)			
Do you suffer from a bleeding disorder? (in case of emergency)			
Are you on any medication? (To assess potential side- effects in the event of a chemical emergency)			
Have you ever lodged an accident compensation claim or received benefits as a result of injury or disease?			
Do you suffer from any medical condition that may require special consideration and/or treatment in the event of an emergency?			
Have you had any ACC claim in the last 5 years?			

Have you ever been convicted or charged of a criminal offense as per Criminals Records Act 2004? Yes No

Are you awaiting the hearing of charges in any court or before any tribunal? Yes No

If YES to either of the above, please give details

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Are you currently under a Police Diversion Scheme (PD) in relation to criminal offending? Yes No

If YES, please give details

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Have you previously been employed by Amaltal, Talley's, South Pacific Meats, or AFFCO before? Yes No

If YES, please give details

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Are you prepared to undertake training during and/or (depending on your position) outside business hours? Yes No

Are you prepared to work as and where directed on site? Yes No

If appropriate would you be prepared to assist in the training of other employees as required? Yes No

Are you prepared to work overtime? Yes No

Please tick which shifts you are prepared to work Day Night Either Casual

Would you change your hours of work given due notice? Yes No

Are you prepared to handle all products, materials or equipment typical of the industries that we operate in? Yes No

Declaration

I..... (Full name) declare that to the best of my knowledge the answers given in this application are correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I may not be employed or if employed I may be dismissed. I consent to Talley's seeking verbal or written information about me on a confidential basis from the referees I have nominated, and authorize the information requested to be released. I understand that the information will be supplied in confidence as evaluative material and will not be disclosed to me. I have disclosed any illness or injury which I believe might affect my capacity to undertake the duties typical of this industry and I agree to undergo a physical examination if requested. I understand and agree that if my application is successful, the information will be used as a base line to measure any future exposure to work hazards and for health monitoring purposes. Further, I agree to relevant aspects of my medical records to be viewed in order to assist Talley's to meet compliance obligations. I also understand that any false information given in this application may result in my loss of entitlement for any compensation from ACC, and the Company declining to accept any claim.

If my application is unsuccessful, I agree do not agree to Talley's retaining the information contained in my application for 3 months for the purpose of considering my suitability for any other positions that may arise in the future.

Applicants Signature..... Date.....