



Mataura Valley Milk

Application for employment

CONFIDENTIAL To be completed personally by the Applicant in black ink

Name:		Position applied for: <i>(If you are not applying for a specific position then please leave blank)</i>	
Home Address:		Email address:	
Phone Contact:		Date:	

Citizenship

Are you a citizen of New Zealand?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If not, do you have permanent residence?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If not, do you have the right to work in New Zealand?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you have answered 'Yes' to any of the above then you will be required to produce evidence as part of our standard recruitment process.

Licences

Do you hold a current New Zealand Drivers Licence?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes please provide licence number	_____			
Please list all licence Classes/Endorsements held	_____			

Convictions

Have you ever been convicted of a crime in New Zealand or any other country that you are obliged to disclose (excluding minor speeding or parking offences)? **YES / NO**

Please note that under the Criminal Records (Clean Slate) Act, if certain conditions are met, you may not be obliged to disclose certain convictions that are over 7 years old. If you are unsure of how to answer this question please visit www.justice.govt.nz/criminal-records/clean-slate for further guidance as failure to answer this question correctly could result in your application being rejected or if employed, your employment being terminated.

Are there any pending charges against you which have yet to be heard? **YES / NO**

Please note that we do conduct police checks as part of our standard recruitment process

If you answered 'Yes' to any of the above, please provide further details:



Education

Name of Secondary School(s) Attended / Attending: _____

Qualifications obtained: _____

Other Qualifications obtained: _____

Please outline below any training or certificates that you hold which may be relevant to your application (e.g. manual handling training, First Aid certificate)

Have you ever completed an apprenticeship programme in any trade and / or currently hold appropriate trade certification / papers? **YES / NO** (If yes please enter the details below including employer details and qualifications obtained)

Details: _____

Employment history

Please start with your current or most recent employer

Company: _____ Dates of employment: _____ to _____

Position held: _____ Duties: _____

Reason for leaving: _____ Notice Period: _____

Company: _____ Dates of employment: _____ to _____

Position held: _____ Duties: _____

Reason for leaving: _____

Company: _____ Dates of employment: _____ to _____

Position held: _____ Duties: _____

Reason for leaving: _____

Company: _____ Dates of employment: _____ to _____

Position held: _____ Duties: _____

Reason for leaving: _____

Please use the attached continuation sheet if required



Personal details

What type of employment are you interested in?

Permanent / Temporary / Casual

Full Time / Part Time

Please circle below all of the days and working patterns that you are available to work:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Office hours Day shift Night shift Other (please specify) _____

Do you have any commitments or interests which may interrupt your regular attendance at work? **YES / NO**
(If yes please provide details below e.g. representative sport, Armed Forces reserve)

Have you worked shifts before? **YES / NO**

Are you prepared to work shifts if required to do so? **YES / NO**

Are you prepared to work additional hours due to seasonal requirements if required? **YES / NO**

What transport arrangements do you have to be able to attend work? (E.g. own car / cycle / walk)

Do you have a spouse, partner, relative or household member currently working at MVM or elsewhere in the industry? **YES / NO**
(If yes please indicate below who they are where they work and the position they hold)

Do you know anyone that is currently working at MVM? **YES / NO** (If yes please provide details of who they are and the position they hold) _____

Have you ever worked for MVM or an associated company previously? **YES / NO**

If yes please give dates: _____ to _____ Position: _____

Reason for leaving: _____

What are your interests/hobbies/sports/clubs or community activities?

Further information that you think will be relevant to your application

Reference details

By signing the declaration below you are consenting to Mataura Valley Milk seeking verbal or written information on a confidential basis about you from representatives of your previous employers and/or personal referees and authorise the information sought to be released by them to Mataura Valley Milk for the purposes of ascertaining your suitability for the position for which you are applying.

Present or Most Recent Employer

Company _____ Referees name _____

Their position or job title _____ Contact Phone Number _____

Next Most Recent Employer

Company _____ Referees name _____

Their position or job title _____ Contact Phone Number _____

Personal Referee

Reference name _____ Their relationship to you _____

Contact Phone Number _____

MEDICAL HISTORY

The following information is being sought to ensure that you are capable of undertaking the position you are applying for without placing either yourself or those around you at risk. If you are not successful in your application this form will be destroyed. If you are successful, this form will be stored in the Company Medical files.

Have you suffered from any of the following **conditions / disabilities** which the tasks of this job may aggravate or contribute to?

Eye injury or disease:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Epilepsy, fits, blackouts:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Back pain:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Back or neck injury:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Muscular injury (sprains or strains):	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Inguinal, femoral or umbilical hernia:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hearing problems (including industrial deafness):	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Asthma, bronchitis and/or chronic respiratory illness:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
High or low blood pressure, heart murmur or irregular pulse:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Heart disease or disorder, stroke, blood clots in the legs or lungs:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Chemical sensitivity or allergies	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Diabetes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Visual Impairment (<i>other than the need to wear corrective lenses</i>)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Occupational Overuse Syndrome/RSI type disorders	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you have answered 'Yes' to any of the above, or if you believe that there are any other health issues that may affect your ability to cope safely with the demands of the job, please provide details:



Mataura Valley Milk

Are you currently using any medication / tablets / drugs:

Yes

No

If 'Yes' please give details:

Is there any reason why you cannot wear safety or protective equipment (e.g. Safety boots, gloves, earmuffs or plugs, safety helmet, safety glasses etc)?

Yes

No

If 'Yes' please give details:

Privacy Statement

At Mataura Valley Milk we believe that it is important that you know that your interests are protected under the Health and Safety at Work Act 2015, the Privacy Act 1993 and the Health Information Privacy Code 1994. The information privacy principles of the Privacy Act 1993 and the Health Information Privacy Code 1994 ensure that, with certain exceptions, the following rules apply:

1. The least possible amount of personal information is collected by us
2. We keep all personal information secure at all times
3. We will give you access to the information we hold about you, so that you may request corrections of any errors in that information. All requests for correction sought, but not made, will be attached to the information.
4. We only use the information we hold for the purpose for which it was collected.
5. We observe all laws and regulations regarding any release of the information we have collected.

Please note that you have the right to take any concern you may have around the purpose of the information being collected or if you feel that the information gathered is not being handled correctly to the Privacy Commissioner, PO Box 466, Auckland.

Declaration:

I certify that all of the information I have given above is true and correct. I understand that if I have given incorrect or misleading information, or if I have left out any important information, I may not be considered for appointment or, if appointed, that my employment may be terminated.

I am prepared to undergo a pre-employment health assessment for any ongoing health monitoring as directed by the company.

I consent that the Health Professional may discuss any work specific concerns, including drug and alcohol test results and any ongoing health monitoring, with my Manager or member of the Health and Safety Team of the company.

Signed: _____

Date: _____

Witness: _____

Date: _____



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Continuation Sheet

Please use this space for any additional information