

*This application must be personally completed by the applicant. This application is not a guarantee of a position*

The purpose of this application form is to obtain information from you to assist us to make a decision regarding your suitability for positions available with us. If you provide incorrect information we could consider this to be grounds for dismissal in the event your application is successful. All information given to us will be treated confidentially and will only be released in accordance with the authorisations you provide to us in this form. As part of the pre-employment process, and at any time during your employment with Rockit Packing you may be required to undergo a drug and/or medical test.

First Name/s	Last Name
Preferred First Name	DOB <span style="float: right;">Male / Female <small>circle one</small></span>
Address	
Post code	
Preferred Phone #	Other Contact and Phone Number #
Email Address	

*Positions applying for:*

<b>Packhouse/Coolstore</b>	
Administration	
Packing/Grading	
Quality Control	
Palletizing/Dispatch	
Other (State Below)	

All employees may be required to perform alternative duties and work overtime as and when required.  
Work is up to 6 days a week as required and does vary across each site.

Shift Options (please tick)      Student Shifts

Day Shift     
  Night Shift     
  Friday 3.30pm – 12.30pm     
  Saturday 6am – 3pm

**PLEASE FILL OUT ALL INFORMATION ON BOTH PAGES BEFORE SIGNING FORM**

PLEASE READ THE BELOW INFORMATION and ENSURE YOU SIGN AND DATE THIS FORM

I have personally completed this entire Application and Employment History form and declare this is a true and accurate statement. By signing this form I authorise Rockit Packing Ltd to contact my referee/s. I also authorise Rockit Packing Ltd to share my Work and Income NZ employment information where applicable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer:

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Are you a New Zealand Citizen or resident? <i>you may be asked for evidence of this i.e. passport, birth certificate</i> Do you have the right to work in NZ? <i>you will need to provide evidence of this</i> When does your permit expire?	Yes / No
Within the last 10 Years have you been convicted of any criminal offence? <i>If yes please give details</i>	Yes / No
Do you have any medical conditions that may affect your work performance in any particular role? i.e. asthma, allergies, transferrable diseases or any injury? Will you be bringing any prescribed medication to work with you? <i>If yes please give details</i>	Yes / No Yes / No
Have you, in the last 5 years, received ACC for any injury or illness? <i>If yes please give details</i>	Yes / No
What drivers licence do you currently hold? <i>Learners , Restricted, Full, International</i>	
Do you have any commitments that may prevent you from attending the rostered days or hours? <i>If yes please give details</i> i.e. Sports, PD, religious grounds etc.	Yes / No

Are you currently registered with WINZ? *If yes, which Branch?* Yes / No

## Employment History

*Please list you most recent Employer*

Employer
Contact Name <i>Note: this person will be contacted for a reference</i> Phone #
Position Held  Duties included
Reason for Leaving?
Employed from <i>(dates)</i>

If no Work History please name a referee

Name
Phone #
Relationship / Association