

INGHAM GROUP OF COMPANIES

COMPANY/DIVISION: _____

APPLICATION FOR EMPLOYMENT

Date of Application: _____

Position Applied For: _____

Location of Position Applied for: _____

*The Company has a Policy of providing Equal Opportunity and No Discrimination.
There is a Policy of No Smoking in all Company buildings.*

IMPORTANT NOTES

- * Please complete this application in your own handwriting.
- * Please complete all sections.
- * The information requested is necessary to allow us to process your application. Information provided to us will be treated in accordance with the Privacy Act (1993). Please note
 1. Information will be provided to you on request. Please note however that the Company does not retain records relating to unsuccessful applicants.
 2. Information requested is required to assess your suitability for the position and will be provided to Company representatives on a need to know basis.
 3. Information provided may be supplied to third parties assisting in the selection process.
 4. Any queries you might have should be addressed to the person nominated in the advertisement.
 5. If information where requested is not provided we will be unable to process your application.
- * As part of your Application for Employment you will be required to complete a Health Assessment Questionnaire and to have a physical assessment including a drugtest
- * The position you have applied for may/will involve direct handling and processing of food for human consumption. It is critical that all questions are answered fully and accurately. This is to ensure there is no risk to your own health and safety or to the health and safety to others, including consumers of the Company's products.

PERSONAL DETAILS

Surname: _____ Given: _____

Are you know by any other names: _____

Address: _____

Telephone: _____

Do you have the right to work in NZ? Yes No

If yes what is that right based upon? _____

Who is to be notified in case of Emergency?

Name: _____ Phone No. (Work): _____

(Home): _____

Address: _____

Relationship: _____

QUALIFICATIONS HELD

Education standard reached at School (i.e. yr, SC, etc.) _____

Professional, Trade or other Qualifications: _____

What Certificates and/or Licences held (First Aid, Fork Lift, etc.): _____

Other Qualifications: _____

PARTICULARS OF PREVIOUS EMPLOYMENT

(Please start with your last or current employer)

Name & Address of Previous Employer(s)	Dates of Services		Position Held	Reason for Leaving
	From	To		
1. _____ _____	_____	_____	_____	_____
2. _____ _____	_____	_____	_____	_____
3. _____ _____	_____	_____	_____	_____

Do you have secondary employment that you intend to continue with if you are offered a position with this Company?

_____ Yes No

If yes please give details _____

Have you previously been employed by any company in the Inghams Enterprises Group of Companies? Yes No

If answer is YES: When: _____ Where: _____

Please detail reasons for leaving: _____

DRIVING AND OTHER RECORDS

(Complete only where driving of company vehicle or forklift is involved)

Do you hold a current NZ driving license? Yes No

If YES, what is your driving license number and class? _____

Do you agree to give us an authority, if we request it, to obtain a copy of your driving license history from the Land Transport and Safety Authority? Yes No

Have you ever been convicted in a Court of Law? Yes No

If YES, give details _____

OTHER

Is English your first language if not? Yes No

What is your preferred language spoken? _____

Special Hobbies or Interests: _____

QUARANTINE

(if you are applying for employment in Quarantine Locations eg, Breeder Farms)

Do you have any animals? (ie. cats, dogs, birds, horses, etc.,)
Quarantine aspects may need to be considered Yes No

Do you regularly come into contact with animals? Yes No

If "Yes", give full details: _____

As we have strict quarantine requirements for livestock please advise if you have any relatives employed by the Company or any Company in the Inghams Group of Companies: Yes No

If "Yes", please state: Their Full Name: _____

Where Employed: _____

For quarantine requirements, does your Spouse/Defacto or anyone else living at the same residence work in other poultry operations? Yes No

For Quarantine requirements, what is the Occupation of Spouse /(including De-Facto), _____

or anyone else living at the same residence: _____

RULES AND CONDITIONS OF EMPLOYMENT

If I am employed either on a permanent, part time or casual basis. I agree to the following:

1. Employment with this Company is dependent upon reference/qualifications proving satisfactory.
2. The personal information on the Application for Employment Form will only be used by the Company for administration and health assessment purposes and will be treated as confidential.
3. Time Cards - if a Time Card is provided to record your hours of work, the card is to be clocked immediately prior to commencing work, immediately after finishing work. If your time card is not in the rack at any time you need to use it you should report to your Supervisor. Under no circumstances must you clock the time card of another employee. A deliberate breach of this instruction **MAY RESULT IN INSTANT DISMISSAL**.
4. Sick Leave - sick leave is credited in accordance with the Award terms and conditions under which you are employed. All absences through sickness are deducted from this credit. The credit of sick leave is intended to safeguard you during sickness. Do not take sick leave unless you need to. If you are forced to be away through sickness you should arrange for your Supervisor to be told immediately at the start of your absence. If the length of absence exceeds two days you must get a Medical Certificate to cover the length of absence. In the event of a long absence you should contact your Supervisor from time to time to report your progress and safeguard your job. You must also report to the Occupational Health and Safety Co-Ordinator on your return to work after absence through sickness. These rules must be followed or the absence will be regarded as unauthorised.
5. Your employment is governed by the relevant Award terms and conditions of employment, and legislation. While the Award forms part of the industrial laws governing your employment, the terms of the Award are not terms of the contract of employment with the company.
6. If employed on quarantine locations, employees must comply with the Company's quarantine regulations.
7. Employees must familiarise themselves with and comply with the Company's policies, rules and regulations, which may be varied by the Company from time to time and agree to familiarise themselves with and comply with these variations whenever they are so made.
8. Part of the application procedure involves a health assessment by the Company Occupational Health and Safety Co-Ordinator or a nominated Occupational Physician. I authorise disclosure of pertinent results of this assessment to the Company in relation to suitability for the specific position applied for.
9. I agree to undergo periodical health assessments as may be required by the company and for the results to be disclosed by any doctor to the company.
10. As we are a food producing organisation a high standard of personal hygiene must be maintained at all times and protective clothing, where supplied, must be worn. Smoking is not permitted within Company buildings or Company carpark.
11. Private cars must, at all times, be parked in the Company car park and within spaces marked if provided. Parking cars in the company car park is at the owner's risk.
12. Private calls are not permitted on Company telephones without Supervisor approval.
13. Reasonable instructions by Executive and Security Staff must be complied with at all times whilst on Company property, or in Company vehicles. Employees are not to have any items or property belonging to the Company in their possession when leaving Company premises unless they have first been declared and are not to leave their belongings in the custody of the Company. Employees will be subject to security checks when entering or leaving any Company premises.
14. I must acquaint myself with safety regulations and in the case of sickness, accident or personal injury, ensure that the departmental head is immediately notified, medical certificate must be produced as required and where applicable, workers compensation forms completed. If I have an accident or suffer any personal injury I must immediately report the incident to my Supervisor and/or Company Occupational Health and Safety Co-Ordinator. Failure to do so may affect my entitlement to workers compensation cover.
15. I agree to comply with all safety and environmental regulations and procedures.
16. I agree that the Company may transmit my salary or wages by electronic transfer into a Bank, Credit Union or Building Society account nominated by me.
17. I hereby authorise the company to deduct rent from my wages if I live on Company premises.

DECLARATION BY APPLICANT

All the information set out in this application is to the best of my knowledge and belief, true and accurate in every detail and I acknowledge responsibility for such whether written by me or another person on my behalf.

I agree to the Rules and Conditions of Employment.

I agree that the Company shall have the right to terminate my employment at any time without notice should any of the previous statements made by me prove to be incorrect or false or if I contravene any of the Company's rules or regulations.

Do you consider you are fit to perform the duties of the job you are applying for? Yes: No:

Signature: _____ **Witness:** _____ **Date:** _____

MEDICAL

Do you smoke? Yes No
Do you agree to undergo a medical examination relevant to the job if required? Yes No
Are you allergic to, or have any sensitivity to any substances or chemicals? Yes No
Do you require corrective lenses or contact lenses? Yes No
Have you ever suffered from a back injury requiring time of work? Yes No
If Yes, please detail: _____

Have you claimed accident compensation in the last 12 months or ever for any work or none work injury? Yes No
If yes please give details _____

Do you have any injury or illness you have suffered, or condition, that may affect your ability to effectively carry out the functions and responsibilities of the position applied for or impact on the Company, or its business or staff? Yes No
If yes please give details _____

- In your past employment have you been exposed to
- Noise Yes/No
 - Asbestos Yes/No
 - Heavy metals Yes/No
 - Solvents Yes/No
 - Skin irritants Yes/No
 - Infectious materials Yes/No

If yes, please detail _____

Has your work ever been affected by stress or mental health problems (e.g depression, anxiety)? Yes No
If yes please explain _____

Have you ever suffered from long standing fatigue or tiredness? Yes No
If yes please explain _____

Have you ever had problems at work arising from personality clashes, your attitudes or behaviour, or conflicts with another staff member? Yes No
If yes please explain _____

Has your use of alcohol and /or drugs ever affected your work performance? Yes No
If yes please explain _____

Have you ever had difficulties coping with change or other stressful events in the workplace? Yes No
If yes please
explain _____

Have you ever needed to take more than your sick-leave allocation? Yes No
If yes please
explain _____

I understand:

That false or incomplete answers relating to my medical or accident history could mean that I may compromise my access and receipt of ACC compensation

Signed by Applicant

Date: