

PENGUIN WHOLESALEERS (WHANGAREI) LIMITED

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

Date of Application: _____

Purpose: This information is collected for the purpose of assessing your suitability for employment at Penguin Wholesalers (Whg) Ltd which may include subsequent changes in employment with the Company.

POSITION APPLIED FOR: _____

YOUR NAME How do you like to be addressed: _____

IN BLOCK Family Name: _____

LETTERS Given Names (Underline name used): _____

Are you known by any other name(s)? _____

Give details: _____

Date of Birth: _____

Marital Status: _____

Wife/Husband/Partner's Name: _____

Children: _____

YOUR CONTACT ADDRESS AND TELEPHONE NO: Contact Address: _____

Contact Phone No: _____ Mobile: _____

EMAIL: _____

Have you reached the current school leaving age: Yes / No

LEGAL WORK STATUS: Are you legally entitled to work in New Zealand: Yes / No

AS: New Zealand Citizen Yes / No

An Australian Citizen Yes / No

A permanent resident Yes / No

The holder of a current work permit Yes / No

EDUCATION: Name of Secondary School(s) attended: _____

(including University Education etc (where applicable))

Qualifications (School Certificate - University Entrance) - (Subjects)

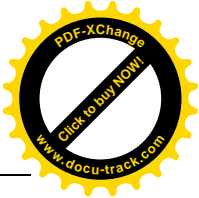
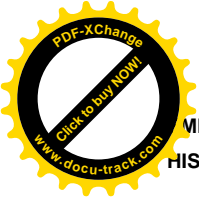
Other Qualifications: Yes / No

Subjects: _____

QUALIFICATIONS: Do you have any other qualifications/certificates/licences/or attended any courses (give details):

Please describe the skills you hold which are relevant to the position applied for: (e.g. for a typist - typing speed, word processing capability, etc.

LANGUAGES: Can you hold an everyday conversation in any language other than English?



EMPLOYMENT HISTORY:

Present or Most Recent Employer:

Company: _____
 Address: _____
 Job Held: _____
 Main Duties: _____
 No of hours worked per week: _____
 Length of Service: _____
 Reason for Leaving: _____

For the purpose of compliance with the Privacy Act do you consent to the Company contacting your present employer for the purpose of reference checking. Yes / No

Next Most Recent Employer:

Company: _____
 Address: _____
 Job Held: _____
 Main Duties: _____
 No of hours worked per week: _____
 Length of Service: _____
 Reason for Leaving: _____

Give details of any other job which may be relevant: _____

Have you ever worked for this company or an associated company before? Yes / No

If yes, where and when: _____

Do you have secondary employment? Yes / No

If yes, please detail: _____

Give name, address and telephone numbers of at least three referees from previous employment and include at least one where the person was less 'senior' to you or at least no more 'senior'.

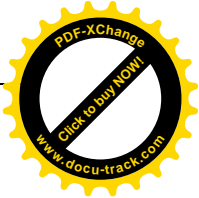
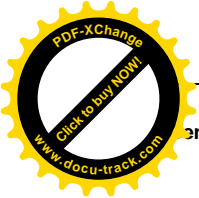
Name	Position	Address	Phone No

If your application is accepted when could you commence employment? _____

I consent to the Company seeking verbal or written information about me from representatives of my previous employers and/or referees and/or persons to whom they refer us and authorise the information sought to be released by them to the company for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed. Yes / No

All shortlisted applicants will generally be required to consent to a copy of their criminal history (if any) to be obtained from the Department for Courts.

If yes, Signature: _____ Date: _____



General:

Are you prepared to work shifts if required to do so? Yes / No

Have you worked shifts before? Yes / No

Are you prepared to work overtime if required? Yes / No

Are you prepared and able to work on Public Holidays? Yes / No

Can you think of anything that may affect your availability for work on any of the seven days? Yes / No

Do you smoke or do you intend to take up smoking? Yes / No

If no, have you been a smoker in the past 5 years? Yes / No

Are you prepared to handle all product, materials or equipment used in the Industry? Yes / No

Do you have a current drivers licence? Yes / No

If yes, what class? _____

Drivers Licence No: _____

Do you have any demerit points or endorsements? Yes / No

If yes, please detail: _____

Do you have any traffic cases or charges pending? Yes / No

Have you been convicted of a criminal offence? Yes / No

(You can obtain confidential advice about answering this question free from the Employment Relations info line 0800 800 863)

Have you ever been the subject of a Diversion ordered by the Courts? Yes / No

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes / No

Do you consent to Penguin Wholesalers obtaining checks from the Police, Courts, or other agencies of your criminal record (if any)? Yes / No

Do you have a spouse, partner, relative or household-member working here or elsewhere in the industry in a business similar to this company? Yes / No

If yes, who? _____

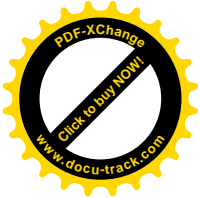
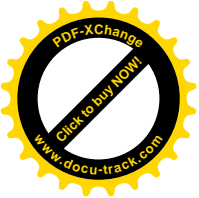
Company/location? _____

What transport arrangements do you have to attend your place of employment? _____

Are you a member of any territorial force unit? Yes / No

If so, have you completed whole time training? Yes / No

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



PENGUIN WHOLESALERS (WHANGAREI) LIMITED

PRE-EMPLOYMENT MEDICAL

If you are offered employment, the offer is made subject to your obtaining a full medical clearance following the completion of the pre-employment medical below.

Do you consent to undergoing a pre-employment medical? 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

Do you have any hearing disability? Yes / No

Do you consent to any biological monitoring, if applicable to the job? (Refer HASE Act)e.g drug test Yes / No

Have you ever suffered from a back injury requiring time off work? Yes / No

If yes, please detail: _____

Have you claimed accident compensation in the last 12 months? Yes / No

If yes, please detail: _____

Do you have any injury or illness (including migraines) you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for or impact on the company, its business or staff? Yes / No

If yes, please detail: _____

Do you have any other known condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for or impact on the company, its business or staff? Yes / No

If yes, please detail: _____

In your past employment have you been exposed to: Noise, Asbestos, Heavy Metals, Solvents, Skin Irritants or Infectious Material? 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 detail: _____

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 detail: _____

Has your use of alcohol and/or drugs ever affected your work performance? Yes / No

If yes, please detail: _____

Have you ever had difficulties coping with change or other stressful events in the workplace? Yes / No

If yes, please detail: _____

Have you ever needed to take more than your sick-leave allocation? Yes / No

If yes, please detail: _____



Do you consent to the Company retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with this Company in the future?

Yes / No

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

"I consent to the Company having access to and using the information arising from my pre-employment medical for the purposes of confirming or declining any conditional offer of employment and authorise the information to be released to the Company."

Signed: _____

Date: _____

Declaration:

I,(full name) declare that to the best of my knowledge the information provided in this application and pre-employment medical and in any resume given is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment will be terminated.

Signed.....

Date

<p><i>Office use only:</i></p> <p>Interviewers comments: _____</p> <p>_____</p> <p>_____</p> <p>Application form reviewed and all questions answered and/or satisfactorily explained?.....(sign).....(date)</p>
