

EMPLOYMENT HISTORY

Please complete summary below accounting for all period including unemployment, and attach any further information you consider relevant.

1. Employer: Phone No.:
 Type of Business:
 Address:
 Starting Date: Finishing Date:
 Job Title:
 Duties/Responsibilities:

2. Employer: Phone No.:
 Type of Business:
 Address:
 Starting Date: Finishing Date:
 Job Title:
 Duties/Responsibilities:

3. Employer: Phone No.:
 Type of Business:
 Address:
 Starting Date: Finishing Date:
 Job Title:
 Duties/Responsibilities:

May we discuss your work record with your present employer: Yes No

Please give details of 3 referees who may be contacted. Give 2 recent work related referees and 1 personal referee.

Name:	Address:	Phone No:	Occupation:	Relationship:

ADDITIONAL QUESTIONS RELATING TO APPLICANTS FOR MANUFACTURING DUTIES

HEALTH & SAFETY

The position for which you have applied requires the employee to perform tasks involving:

1. Lifting Heavy Articles
2. Stretching
3. Standing for long periods of time

Have you had or do you have any condition, medical, physical, or otherwise which would prevent you from accomplishing these tasks safely and without harm to you or others? Yes No

If yes give details:

Have you had or do you have any medical conditions, diseases or infections that may affect the food safety of our products? e.g. Hepatitis A, Campylobacter Yes (details below) No

In relation to the Accident Rehabilitation and Compensation Insurance legislation, we are entitled to ask the following:

Have you had or do you have any injury or medical condition caused by gradual process, disease or infection which if successful in your application, may aggravate or contribute to any of the following:

Musculo-skeletal strain, including back strain?	Yes (details below)	No
Impaired sight?	Yes (details below)	No
Impaired hearing?	Yes (details below)	No
Occupational Overuse Syndrome?	Yes (details below)	No
Allergies & Substances?	Yes (details below)	No
Skin Infections?	Yes (details below)	No
Blackout fits?	Yes (details below)	No
Other?	Yes (details below)	No

Details: _____

Do you agree to the Company accessing your ACC file in order to assess any history of ACC claims which might affect your ability to perform the tasks associated with the position applied for? Yes No

If you answer yes, please sign here to confirm your agreement: _____

This position will require you to wear safety equipment as outlined below. Do you have any reasons for not wearing any of this safety equipment or clothing?

Overalls	Yes	No	Gumboots	Yes	No
Ear Protectors	Yes	No	Hats/Hair Coverage	Yes	No
Gloves	Yes	No			

If yes please give details: _____

I _____ (full name to be printed by Applicant) declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I may not be considered for employment, or if I am employed, my employment may be terminated. I also understand that any relevant false information given may result in my loss of entitlement for any compensation from ACC or any other injury insurer.

I further accept that if I am successful in this application and commence employment with the Company, the information contained herein and any other information gathered in the course of my employment will be available to management. In addition I clearly understand that my employment does not commence until I have signed my employment Agreement.

Signature of Applicant: _____

Date: _____



Privacy Unit
 Ministry of Justice
 National Office
 P O Box 2750
 WELLINGTON

For Office Use Only

MoJ Request Number

REQUEST BY THIRD PARTY UNDER THE OFFICIAL INFORMATION ACT 1982 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE'S COMPUTER SYSTEMS

SECTION 1: SUBJECT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY

I hereby authorise the Privacy Unit, Ministry of Justice, to release a copy of my personal information, to the undersigned Third Party, for the purpose of:

Pre-employment vetting

Insurance Claims vetting

Other (specify)

Tick the report required:

All convictions report Traffic Convictions Report

Signature of subject and date

X

X

I wish to receive a copy of the information provided to the Third party. Yes / No

SECTION 2: THIRD PARTY DETAILS

Third Party Name Details

Full Name of Third Party

INNOVEX GROUP LIMITED

Full name and address of the person or agency the third party is acting for (if applicable)

Third Party Reference Number (if applicable)

Third Party Address Details

P.O. Box or Street Address

459 THAMES HIGHWAY

Suburb

City

OAMARU

State / Province

NORTH OTAGO

Post Code

9444

Country

NEW ZEALAND

Signature of Third Party

X

The term "subject" refers to the person whose criminal convictions is being requested.

The term "third party" refers to the requestor or ultimate intended recipient, such as an employer, insurance company, credit agency et cetera.

The Ministry of Justice will process this request as soon as is reasonably practicable, and in any case no later than 20 working days from receipt of this application.

This application and associated letters and reports will be disposed of three months after processing the response.