



APPLICATION FOR EMPLOYMENT

The completion of this form does not indicate that there is any obligation on this Company to offer employment to the applicant.

The personal information you provide in this document will be held by this company for a limited period of time only and will be used for the purpose of assessing your suitability for employment. It will be accessible to senior management staff only. You have a right of access to this information to ensure its accuracy. This is a Confidential Document subject to the Privacy Act 1993.

Applications will be kept on file for the duration of 8 weeks. Applicants will only be contacted should a position arise for which they may be suitable for consideration.

SECTION ONE: Position

DATE: _____

Position applied for: _____

Or, I am interested in working in the following department/s within **Fresh Choice Parklands**

- Grocery Service Deli Bakery Butchery Produce Checkout Night fill
 Office Chilled Foods Liquor Stockroom _____

I am available to work:

- Full Time (as per an assigned roster)
 Part Time (as per an assigned roster)
 Casual – and my available days to work if required are:
 Mon Tues Wed Thurs Fri Sat Sun

If your Application for Employment is accepted, when could you commence with the Company? _____

SECTION TWO: Personal Information

Surname or family names: _____

First Name: _____ Middle Name: _____ Date of Birth: _____ / _____ / _____

ARE YOU OVER 16 YRS?

Place of Birth: _____ Country of Birth: _____

Are you or have you been known by any other name(s)? i.e. Maiden Name YES NO

If YES please give details: _____

Current Residential Address: _____

Phone Numbers: Home () _____ Mobile () _____ Other () _____

Email: Home _____ Work _____

Have you previously been employed by Fresh Choice, Supervalu, Woolworths, Price Chopper, Big Fresh, Foodtown, Countdown, The Supply Chain or Progressive Enterprises Ltd?

If yes, please provide details: _____

Do you know anybody working at FreshChoice Parklands currently? _____

EMERGENCY CONTACT DETAILS:

Name of Contact: _____ Relationship to contact: _____

Home address: _____

Phone Numbers: Home () _____ Mobile () _____ Work () _____

SECTION THREE: Drivers Licence

Do you hold a current NZ Drivers Licence? YES NO

If yes: Drivers Licence No. _____ Version (5b on license):

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Classes on your licence _____

Do any special conditions apply to your licence? YES NO

If yes, give brief details: _____

Have you ever been disqualified from driving? YES NO

If yes, give brief details: _____

Do you have any current demerit points against your licence? YES NO

If yes, give brief details: _____

SECTION FOUR: Legal Work Status

Are you a citizen of New Zealand? YES NO

If yes: Can you produce evidence if required? YES NO

If no: Do you have the right of permanent residence? YES NO

Do you have a work permit? YES NO

If yes: Please provide a copy of the relevant page in your passport.
Copy attached: YES NO

SECTION FIVE: Education & Industry Specific Qualifications

Education: includes NCEA, School Certificate or University Entrance, University, Technical Institute, licences, attendance at courses

Qualification:	Gained from:	When Completed
Industry Specific:		
Qualification:	Gained from:	When Completed

SECTION SIX: Employment History

1. Present or most recent Employer

Employed from: _____ to _____

Company Name: _____ Telephone: _____

Contact Name: _____ Telephone: _____

Address: _____

Position held: _____

Nature of work: _____

Reason for leaving / or wishing to leave _____

What is your notice period with your current Employer: _____

2. Next most recent Employer

Employed from: _____ to _____

Company Name: _____ Telephone: _____

Contact Name: _____ Telephone: _____

Address: _____

Position held: _____

Nature of work: _____

Reason for leaving: _____

3. Next most recent Employer

Employed from: _____ to _____

Company Name: _____ Telephone: _____

Contact Name: _____ Telephone: _____

Address: _____

Position held: _____

Nature of work: _____

Reason for leaving: _____

For the purposes of compliance with the Privacy Act 1993 do you consent to the company contacting the people you have listed above to enquire into the accuracy of information supplied in this application form, or any other matter relating to your suitability for employment?

Present Employer (1): YES NO **Past Employer (2):** YES NO **Past Employer (3):** YES NO

Applicants Signature: _____ Date: _____

OTHER:

Are you a member of any territorial force unit? YES NO

If so, have you completed whole time training? YES NO

Are you prepared to work to a roster? YES NO

Are you prepared to work overtime if required? YES NO

Do you already have Secondary employment? YES NO

If yes: Please give details: _____

Would you engage in other paid work while employed in this position? YES NO

If yes: Please give details: _____

SECTION SEVEN: Health

If you are offered employment the offer may be made subject to your obtaining a full medical clearance (by completion of a medical examination) to assess your fitness for the job for which you are applying. Do you consent to this? YES NO

Do you smoke? YES NO

Do you have a hearing disability? YES NO

Do you require corrective lenses or contact lenses to drive, read or use a computer? YES NO

Do you agree to undertake random drug and alcohol testing if required? YES NO

Are you allergic to, or have sensitivity to any substances or chemicals? YES NO

Have you ever suffered any back injury or back strain? YES NO

If yes, please detail _____

Have you ever suffered from any overuse injuries e.g. RSI or OOS? YES NO

If yes, please detail _____

Have you ever had an injury resulting in an ACC claim? YES NO

If yes, please detail _____

Have you ever been addicted to or had treatment for any form of substance abuse?
(namely alcohol, prescriptive medicine or narcotics/drugs) YES NO

If yes, please detail _____

Have you ever suffered or been treated for depression or any stress related disorder? YES NO

Do you have any known condition, which might put yourself or other staff at risk? YES NO

If yes, please detail _____

How many days absence due to sickness or injury have you claimed in the last 12 months of employment?

0-2 2-5 6-10 11-15 16-20 over 20 days

In consideration of the duties listed below, do you have any condition, illness, injury or disability which may affect your ability to effectively carryout the functions and responsibilities of the position you have applied for?

If so, please give details:

If your application is successful your duties may involve but are not limited to:

- Standing for long period
- Customer service
- Lifting product from floor level onto shelves
- Telephone answering
- Cleaning
- Using a computer
- Working under pressure/deadlines
- Any other duties consistent with the skills and expertise required to work in a supermarket environment

NB: These duties may vary from time to time as required to meet the needs of the business and the position

SECTION EIGHT: General

Have you been charged or convicted with a criminal offence in the last 10 years? YES NO

If yes, give brief details: _____

PLEASE NOTE: Criminal Records (Clean State) Act 2004 – to be eligible to state 'No' (above) you must have:

- No convictions within the last 7 years;
- Never been sentenced to a custodial sentence (e.g. imprisonment, corrective training, borstal);
- Never been ordered to be detained in hospital due to a mental condition, following a criminal case, instead of being sentenced;
- Not been convicted of a 'specified offence' (e.g. sexual offending against children, young people or mentally impaired);
- Paid in full any fines, reparation or costs; and
- Never been indefinitely disqualified from holding or obtaining drivers licence as a result of repeat offences involving using of alcohol or drugs.

Are you awaiting the hearing of charges in a civil or criminal court of law? YES NO

If yes, give brief details: _____

Have you ever been dismissed, or been the subject of an investigation by your Employer for misconduct or serious misconduct or dishonesty.? YES NO

If yes, give brief details: _____

Have you ever been the subject of the Police Diversion Scheme? YES NO

If yes, give brief details: _____

SECTION NINE: Hours of Work – Special requirements

Due to the nature of our business there is a requirement for all Employees to be available to work on a variety of shifts as per an assigned roster that will be subject to change by the Employer to meet the needs of the business as and when required in accordance with an agreed period of notice. This means, if offered employment within our Company, you will be required to work **Weekends and Public Holidays** according to your rostered shift.

I agree, if offered employment, to work under the conditions outlined in Section Nine.

Signed: _____

Date: _____

SECTION TEN: Any additional information

Do you have any additional information that you consider may assist your application? i.e. languages, special skills etc.

SECTION ELEVEN: DECLARATION: You must read and understand this section

I _____ (full name) declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed. I further authorise **Parklands Supermarket Limited** trading as **Fresh Choice Parklands** or their authorised agents to make such enquiries on the information supplied as is deemed necessary to determine my suitability for employment. I understand and accept that all such information supplied or verified concerning me will be done within the provisions of the Privacy Act 1993. I further understand that all information gathered will be used only to verify my employment details and that I have a right of access to all information gathered to ensure accuracy.

Signed: _____

Date: _____