



KILBIRNIE

CONFIDENTIAL

EMPLOYMENT APPLICATION FORM

SECTION 1 – PERSONAL INFORMATION (Please Print)

First name(s): Family (Surname):

If you are known by any other names please record here:

Residential Address:

Telephone Number: Date of birth: IRD Number: (If under 18yrs)

Mobile Phone Number: Email:

SECTION 2 – EDUCATION

Name of education organisations (e.g. Secondary School attended and highest qualifications or Unit Standards achieved) Qualifications (including Trades) / Polytechnic, University, Private Training Establishments

(Including Secondary & Tertiary and length of time attended)

Training Establishment	Qualifications Standards Achieved	Year of Attendance
Secondary School	EG: NCEA Level 1	

Do you have any other qualifications/certificates, or have you attended any courses relevant to the position?

SECTION 3 – PREFERRED DAYS OF WORK AND HOURS OF WORK

Please state your preferred Department and/or Position you are interested in: Full Time / Part Time

Preferred Department: 1. 2. 3.

Day	Start times	Finishing time
MONDAY	am/pm	am/pm
TUESDAY	am/pm	am/pm
WEDNESDAY	am/pm	am/pm
THURSDAY	am/pm	am/pm
FRIDAY	am/pm	am/pm
SATURDAY	am/pm	am/pm
SUNDAY	am/pm	am/pm

Please note all Employees are required to work one day in the weekend

SECTION 4 – EMPLOYMENT HISTORY AND REFEREES

Have you previously been employed by Foodstuffs, New World, Pak’nSave, 4 Square, or in this industry?    Yes: ☐    No: ☐

Please list your most recent employer first.

**Current Employer:** \_\_\_\_\_ City: \_\_\_\_\_

Length of Employment:        From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_        Position Held: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Name of Company:** \_\_\_\_\_ City: \_\_\_\_\_

Length of Employment:        From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_        Position Held: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Name of Company:** \_\_\_\_\_ City: \_\_\_\_\_

Length of Employment:        From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_        Position Held: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**REFEREES** (Please list 3 work related referees whom we may contact for a reference)

**Referee Name:** \_\_\_\_\_ **Referee’s Position:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Telephone:** (0    ) \_\_\_\_\_ **Fax** (0    ) \_\_\_\_\_

**Referee Name:** \_\_\_\_\_ **Referee’s Position:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Telephone:** (0    ) \_\_\_\_\_ **Fax** (0    ) \_\_\_\_\_

**Referee Name:** \_\_\_\_\_ **Referee’s Position:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Telephone:** (0    ) \_\_\_\_\_ **Fax** (0    ) \_\_\_\_\_

**I hereby authorise the above referees and employers to provide written and verbal information about me in the form of personal and employment related references.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## SECTION 5 – CRIMINAL CONVICTIONS

The Criminal Records (Clean Slate Act 2004) came in to effect on 29 November 2004. This allows people to conceal those convictions, so long as

- You have not been sentenced to a custodial sentence this includes corrective training and home detention
- Has not been committed to a mental hospital in place of a sentence of imprisonment
- Has not been convicted of a specified offence (sexual offences)
- Has no fines or reparation payments out standing
- Has not been indefinitely suspended from driving
- Has not been convicted in the previous 7 years.

Have you ever been convicted of a criminal offence excluding any conviction concealed under the Criminal Records (Clean Slate) Act 2004? Please give details

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Have you ever been placed on a Police Diversion Programme? If yes please give details

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Are you waiting the hearing of any charges in any Civil or Criminal Court of law? If yes please give details

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Do you hold a current Drivers licence? if yes what class? \_\_\_\_\_

Drivers licence Number: \_\_\_\_\_ Special Conditions: \_\_\_\_\_

Number of Demerit points: \_\_\_\_\_

Do you have any cases pending that may affect your licence? Write answer here \_\_\_\_\_

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All applicants please complete Ministry of Justice’s Priv/F2 Request by 3<sup>rd</sup> party Under the Official Information Act 1982 for a copy of individuals Criminal Convictions held on the Ministry of Justice’s Computer Systems.

- Applicant please complete Section 1 - Tick Pre Employment Vetting
  - Applicant to complete section 3 and section 4
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## SECTION 6 – IMMIGRATION

New Zealand Immigration Legislation limits employment in New Zealand to New Zealand Citizens, Residents and holders of Current work permits.

Are you a citizen or resident of New Zealand      Yes: ☐      No: ☐

If No do you hold a current work permit      Yes: ☐      No: ☐

Copy of current work permit attached      Yes: ☐      No: ☐

Evidence of Eligibility for Employment in New Zealand will be required prior to any offer of employment

SECTION 7 – GENERAL

How did you find out about positions available at Pak’nSave Kilbirnie?

Website ☐ In-store Job Board ☐ City Life ☐ Staff Referral ☐ Other \_\_\_\_\_

Do you have a spouse, partner, relative or household member working in this company or elsewhere in the industry?

If yes who? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have secondary employment? If yes please give details \_\_\_\_\_

Do you have any commitments or interests that may interrupt your regular attendance at work?  
\_\_\_\_\_

How would you get yourself to and from work? \_\_\_\_\_

Have you worked shifts before? Yes: ☐ No: ☐

Are you prepared to work shifts? Yes: ☐ No: ☐

Are you prepared to work extra hours? Yes: ☐ No: ☐

Are you available to work school holidays? Yes: ☐ No: ☐

Are you a member of a Territorial Force Unit or Volunteer Fire Brigade? Yes: ☐ No: ☐

Have you been served with a Trespass Notice from Pak’nSave Kilbirnie in your current name or any other name?  
If yes provide details

Yes: ☐ No: ☐

Names: \_\_\_\_\_ Date Trespass notice Served: \_\_\_\_\_

If you are offered a job, when could you start work? \_\_\_\_\_

Would you have another job while working at Pak’nSave Kilbirnie Yes: ☐ No: ☐

At Pak’nSave Kilbirnie we require employees to perform alternative duties as and when required such changes in duties may be on either a temporary or permanent basis, would you be agreeable to this?

Yes: ☐ No: ☐

SECTION 8 – ADDITIONAL INFORMATION

Do you have any additional information that you consider may assist you in seeking employment here?  
For example, Achievements, Interests, Aspirations Goals etc.  
If so, please attach to this form (bearing in mind the declaration in Section 10).

SECTION 9 – OCCUPATIONAL HEALTH

All employment positions in this company involve 80% -100% Visual and Hearing and 90%-100% Physical Demands often and routinely. Your duties may involve any of the following; lifting (medium to heavy weights), standing for long hours/ standing and walking on a concrete floor, turning, twisting, bending, stretching, working on/from ladders, very few job tasks involve working while seated.

*Note: These duties may vary from time to time as needed to operate a successful business:*

Do you suffer from any injury, ailment or condition which may effect your performance or regular attendance at work, or which may adversely affect the health and safety of yourself or others?  
If so, please give details:

\_\_\_\_\_

\_\_\_\_\_

Are you presently receiving medical treatment, or under medication which may adversely affect your performance or regular attendance? If yes please give details

\_\_\_\_\_

\_\_\_\_\_

Have you been absent from work (other than for annual holidays) at any time during the past 2 years? If yes please state reason and duration of absence?

\_\_\_\_\_

\_\_\_\_\_

Have you ever suffered any back injury or back strain?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Have you ever suffered from any overuse injuries e.g. RSI or OOS?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

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

0-2 ☐ 3-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ over 20 days

Are you allergic to, or have sensitivity to any substances or chemicals? (For example, soap powders, flour dust, cleaning materials etc.) If so, please give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECTION 10 – DECLARATION

I, *(Job Applicants full name)* \_\_\_\_\_ hereby declare that to the best of my knowledge, the answers I have given to all sections 1-9 of this Application for Employment Form are true and correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted for employment, or if I am employed, the Employer may justifiably dismiss me at any time on these grounds. I also understand that any false information given in Sections 9 Occupational Health Medical portion of this form, may result in my loss of entitlement for any form of employer-related compensation for injury or medical condition by gradual process injury, disease or infection that may be aggravated or contributed to by any tasks that I may be called upon to perform for the Employer.

Job Applicants Signature \_\_\_\_\_Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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

Priv/F2

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

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

Signature of Third Party

X

Suburb

City

State / Province

Post Code

Country

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.

<div>SECTION 3: SUBJECT'S DETAILS (Please print in pen)</div>			<div>Priv/F2</div>						
<div>Personal Details</div>									
Surname		First Name	Middle Names (separate by comma)						
<input type="text"/>		<input type="text"/>	<input type="text"/>						
Date of Birth (DD/MM/YYYY)		Place of Birth	Gender (Male / Female / Indeterminate)						
<input type="text"/>		<input type="text"/>	<input type="text"/>						
<div>Previous Names - Maiden Name, Aliases</div>									
Surname		First Name	Middle Names (separate by comma)						
<input type="text"/>		<input type="text"/>	<input type="text"/>						
<input type="text"/>		<input type="text"/>	<input type="text"/>						
<input type="text"/>		<input type="text"/>	<input type="text"/>						
<input type="text"/>		<input type="text"/>	<input type="text"/>						
<input type="text"/>		<input type="text"/>	<input type="text"/>						
<div>Postal Address</div>					<div>Current Residential Address</div>				
P.O. Box or Street Address			<input type="text"/>		Street Address			<input type="text"/>	
Suburb			<input type="text"/>		Suburb			<input type="text"/>	
City			<input type="text"/>		City			<input type="text"/>	
State / Province			<input type="text"/>		State / Province			<input type="text"/>	
Post Code			<input type="text"/>		Post Code			<input type="text"/>	
Country			<input type="text"/>		Country			<input type="text"/>	
					Daytime Phone Number			<input type="text"/>	
					Home Phone Number			<input type="text"/>	
					Fax Number			<input type="text"/>	
<div>Previous Two Residential Addresses</div>									
Street Address			<input type="text"/>		Street Address			<input type="text"/>	
Suburb			<input type="text"/>		Suburb			<input type="text"/>	
City			<input type="text"/>		City			<input type="text"/>	
State / Province			<input type="text"/>		State / Province			<input type="text"/>	
Post Code			<input type="text"/>		Post Code			<input type="text"/>	
Country			<input type="text"/>		Country			<input type="text"/>	

SECTION 3: SUBJECT'S DETAILS (continued)

Priv/F2

Subject's Identification

Please attach a photocopy of the subject's identification. The identification may be a Driver Licence OR if subject does not hold a driver licence, a Passport. If subject has neither, the subject will need to complete Section 4.

☐

Driver Licence

☐

Passport

SECTION 4: PROOF OF IDENTITY

ONLY TO BE COMPLETED IF SUBJECT DOES NOT HAVE A DRIVER LICENCE OR PASSPORT

Subject to ask someone who can confirm their identity to fill in th is section

The person who identifies sub ject must:

- have known subject for more than 12 months

- be aged 18 years or over

- have a day time phone number

- not be a relative

- not live at the same address

- be contactable during normal business hours

Surname

First Name

Middle Names (separate by comma)

Street Address

Suburb

City

State / Province

Post Code

Country

Daytime Phone Number

Home Phone Number

Fax Number

I declare that I have personally known:

Surname

First Name

Middle Names (separate by comma)

Signature of identifier

for  years and vouch for his/her identity

☒

If subject is unable to get someone to complete Section 4, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Privacy Unit on 04 918 8800.

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