

# **PAK'nSAVE**

## **KILBIRNIE**

### **EMPLOYMENT APPLICATION FORM**

#### **IMPORTANT INFORMATION FOR APPLICANTS**

**PLEASE READ** the following points carefully. Ask if you do not understand what they mean.

- **This form must be completed by the job Applicants own handwriting.**
- **Please note that the completion and submission of this form by you does not mean that the Company is under any obligation to employ you.**
- The information you supply on this application form will be used to assess your suitability for the position for which you are applying for and will be held securely by the Human Resources Manager at Pak'nSave Kilbirnie. No information that you have provided will be disclosed without your authorisation except as required by law. Failure to supply the information requested by the Eastern Suburbs Employment Limited, Pak'nSave Kilbirnie on the application form will prejudice the company's ability to assess your suitability for the position. Failure to complete all questions truthfully will render this application invalid, should you have been successful in your application, will be grounds for instant dismissal.
- The application form will form part of the Personnel Record held by the company for successful candidates. All information provided by unsuccessful candidates will be held for 3 months and then destroyed.
- You have the right to access personal information held by Pak'nSave Kilbirnie. Should you wish to do so contact, The Human Resources Manager, 78 Rongotai Road Kilbirnie Wellington 3.

#### **PLEASE NOTE:**

**If you are successful in being offered a position with the Company you will be required to provide the Company with your IRD number and your Bank account number before your starting date. If you do not have an IRD number, and Bank account number, we would advise you to apply for one as soon as possible.**

**COMPLETION OF THIS APPLICATION FORM DOES NOT NECESSARILY MEAN THAT YOU WILL BE CONTACTED OR THAT PAK'nSAVE KILBIRNIE IS OBLIGED TO CALL YOU.**



**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: \_\_\_\_\_

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**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:

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## 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).

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## 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:

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

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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?

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Have you ever suffered any back injury or back strain?

Yes:

No:

Have you ever suffered from any overuse injuries e.g. RSI or OOS?

Yes:

No:

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

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## 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

**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

Suburb

City

State / Province

Post Code

Country

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.*

## Personal Details

Surname

First Name

Middle Names (separate by comma)

Date of Birth (DD/MM/YYYY)

Place of Birth

Gender (Male / Female / Indeterminate)

## Previous Names - Maiden Name, Aliases

Surname

First Name

Middle Names (separate by comma)

## Postal Address

P.O. Box or  
Street Address

Suburb

City

State / Province

Post Code

Country

## Current Residential Address

Street Address

Suburb

City

State / Province

Post Code

Country

Daytime Phone Number

Home Phone Number

Fax Number

## Previous Two Residential Addresses

Street Address

Suburb

City

State / Province

Post Code

Country

Street Address

Suburb

City

State / Province

Post Code

Country

**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 this section*

The person who identifies subject 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

Daytime Phone Number

Suburb

Home Phone Number

City

State / Province

Fax Number

Post Code

Country

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

**X**

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.