
KAPITI PAK'N SAVE JOB APPLICATION FORM

This information is collected for the purpose of assessing your suitability for employment with Kapiti Pak'n Save. If your application is successful, this form will be retained in your personal file. Otherwise, the form will be retained for 6 months in our applications file after which, if you have not been successful during this time, it will be destroyed.

Date of Application: Department Preferred: Second Dept Preferred:

Full time/Part time.....Approx Hours:

Days Preferred:Days cannot work:

(Please note we are a 7 day business, 24 hours, it is extremely seldom that a Mon-Fri position is available. All part time positions will include a Saturday or Sunday)

PERSONAL INFORMATION (Please Print)

First Name(s): Surname: What is your preferred title: (Mr Mrs Ms Miss)

Address (Residential):

Telephone Number: Age if Under 20:(D.O.B):

Name of person to be contacted in case of an emergency (Optional): Relationship:

Address:.....

Phone Number(home):Phone number (Work):

SECONDARY EDUCATION

Name of School/College etc:.....

Qualifications (if any):

OTHER QUALIFICATIONS – APPRENTICESHIP/ POLYTECHNIC/ UNIVERSITY DETAILS :

EMPLOYMENT HISTORY

(Start with the most recent position & list all positions, attach another sheet if required)

Name of Employer: Address:.....

Length of Service:Nature of Work:.....

Position Held:Reason for leaving:.....

Have you previously been employed by this company or in this industry? Yes/ No

Do you agree to enquiries being made as to the accuracy of information contained on this application form, or any other matter relating to your suitability for employment from?

Present Employer: Yes/No Past Employer: Yes/No Parent/Guardian if under 18yrs: Yes/No

REFEREES

Please give details of three referees that you authorise us to contact. Preferably two work-related referees and one personal referee.

Name	Position/ Company	Relationship	Phone no. (wrk)	(Mobile)	(home)
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GENERAL

Do you have a current drivers Licence? **Yes/No** If yes, what class?Licence Number:

Are you able to work the rostered hours and any overtime as required, i.e., stocktake? **Yes/No**

Do you have commitments which may prevent you from attending your place of employment during normal working hours or affect your ability for overtime (i.e. sports, hobbies, special interests, education)?

Yes/No

If yes, please give details:

Are you a member of a territorial force/unit or volunteer fire brigade? **Yes/No**

Have you ever been charged or convicted of a criminal offence? **Yes/No**

Do you have any objection of us contacting the police to verify the above? **Yes/No**

Do you have the legal right to work in NZ, with permanent residence or valid work permit? **Yes/No**
(Evidence will be required if you are interviewed for the position)

Do you have a partner, relative or household member working elsewhere in this company? **Yes/No**

Do you have a reading or writing disability? **Yes/No**

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

HEALTH AND SAFETY

Are you prepared to work as and where directed? **Yes/No** Are you prepared to abide by safety and work rules? **Yes/No** Do you smoke? **Yes/No**

MEDICAL

Have you ever had any injuries or illness that has arisen from employment? **Yes/No** If yes, give details:

Do you take any regular medication? If Yes, give details: **Yes/No**

In the last 2 years how many days have you been unable to work because of illness or injury?

Have you had any injuries or illnesses that were compensated by ACC or private insurer? **Yes/No**

If yes, give details:

Do you/have you suffered from any gradual process or injury, i.e.OOS, RSI, Back injury or strain? **Yes/No**

If yes, give details:

Have you any condition that may affect your ability to carry out effectively the functions and responsibilities of this position? **Yes/No**

If yes, give details:

I understand that I may be required to have a drug test at any time during my employment.

Signed: I will provide if required, details of my ACC history:.....

DECLARATION

I, (full name) declare that to the best of my knowledge, the answers to the questions in this application are correct and 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.

Date: Signature:

Notes: