



Sudano Holdings Limited

EMPLOYMENT APPLICATION FORM

• C O N F I D E N T I A L •

Attached is an application for employment form, which you are requested to personally complete.

The Application form is a source of information, which will be used by the Company to assist it in considering your suitability to the position for which you are applying. If successful, such information shall form part of the Company's personnel records. Failure to supply the information requested would prejudice the Company's ability to assess your suitability for the position.

***[Any offer of employment may be made subject to your completing the Company's pre-employment medical to its satisfaction].**

CONFIDENTIAL
APPLICATION FOR EMPLOYMENT

To be completed personally by Applicant - **(PLEASE PRINT)**

Note: The completion of this form does not indicate that there is any obligation on the Company to engage the applicant.

Date of Application

PURPOSE

This information is collected for the purpose of assessing your suitability for employment at **Sudano Holdings Limited** that may include subsequent changes in employment with the Company.

POSITION

APPLIED FOR: _____

(Please print)
YOUR NAME:)

Family Name/Surname: _____

Given Names (underline preferred name) _____

Are you known by any other name(s)? **Yes/No**

If so, please give details _____

How do you like to be addressed? _____
(eg Ms, Mr, Mrs etc)

YOUR CONTACT
DETAILS:

Contact Address _____

Contact Phone No. _____

Mobile Phone No. _____

Email Address _____

LEGAL WORK
STATUS:

Are you legally entitled to work in New Zealand as:

A New Zealand citizen? **Yes/No**

A permanent resident? **Yes/No**

EDUCATION : A holder of a current work permit? **Yes/No**
Name of secondary school(s)/educational institutions attended
(including university, further education, etc where applicable)

Qualifications (school certificate, NCEA, university entrance) and subjects

LANGUAGES: Can you hold an every day conversation in a language other than English?

**FOOD SAFETY:
& FIRST AID**

Have you completed any courses or training in food safety or food handling? **Yes/No**

(If so, please list) _____

Have you completed any courses or first aid? **Yes/No**

(If so, please list) _____

OTHER ATTRIBUTES

OR SKILLS: Do you possess any other attributes or skills that are relevant to the position?

EMPLOYMENT HISTORY:

Present or Most Recent Employer

Company _____

Address _____

Job Held _____

Main Duties _____

No of hours worked per week _____

Length of Service _____

Reason for Leaving _____

For the purposes of compliance with the Privacy Act 1993 do you consent to the company contacting your present employer for the purposes of reference checking **Yes/No**

Next Most Recent Employer

Company _____

Address _____

Job Held _____

Main Duties _____

No of hours worked per week _____

Length of Service _____

Reason for Leaving _____

Next Most Recent Employer

Company _____

Address _____

Job Held _____

Main Duties _____

No of hours worked per week _____

Length of Service _____

Reason for Leaving _____

Give details of any other job, which may be relevant

Have you ever worked for this company or an associated company before? **Yes/No**

If yes, where and when? _____

Do you have secondary employment? **Yes/No**

If yes, please detail _____

REFEREES:

Please provide the following details for at least two referees.

1.

Name

**Relationship
To**

Applicant _____

Position

Address

Phone

No.

2.

Name

**Relationship
To**

Applicant _____

Position

Address

Phone

No.

3.

Name

**Relationship
To
Applicant**

Position

Address

Phone

No.

If your application is successful when could you commence employment? _____

I, (full name) for pre-employment evaluation purposes, authorise the company to request and obtain verbal or written information about me from my above listed previous employers and/or the referees. I also authorise these persons and organisations to release such information to the company in confidence. I further understand that such information is evaluative material that will not be disclosed to me.

Applicant's Signature: _____ **Date:** _____

GENERAL:

Are you prepared to work overtime/weekends if required? **Yes/No**

Have you been convicted of a criminal offence? **Yes/No**
(Subject to the provisions of the Criminal Records (Clean Slate) Act 2004)

Have you been the subject of a diversion ordered by the Courts/Police **Yes/No**

Are you awaiting the hearing of charges in a civil or criminal court of law? **Yes/No**

Are you prepared to handle all products, materials or equipment used in the industry? **Yes/No**

Do you have a current drivers licence? **Yes/No**
If yes, what class(s)? _____

Drivers Licence No. _____ **Yes/No**

Do you have any demerit points or endorsements? **Yes/No**

Do you have any traffic related cases pending? **Yes/No**

If yes, please detail _____

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

Yes/No

If yes, whom? _____

where? _____

What transport arrangements do you have to attend your place of employment? _____

Are you a member of any territorial force unit? **Yes/No**
If so, have you completed whole time training? **Yes/No**

Are there any personal circumstances that might impact on your ability to meet the requirements of the position you are applying for? _____

What are your interests/hobbies/sports/clubs or community activities? _____

MEDICAL:

If you are offered employment, the offer may be subject to your obtaining a full medical clearance following the completion of our pre-employment medical.

Do you agree to undergo a medical examination? **Yes/No**

Do you consent to any biological monitoring if applicable to the job?
(Refer HASE Act) **Yes/No**

Have you had an injury or medical condition caused by gradual process, disease or infection, for example hearing loss, sensitivity to chemicals, repetitive strain injuries (RSI) that may be aggravated or further contributed to by the tasks of this job. **Yes/No**

If yes, please detail _____

Do you consent to the Company retaining the information contained in this application form for the purposes of considering your suitability for any other position that may arise with this Company in the future? **Yes/No**

DECLARATION

I _____ (full name) declare that to the best of my knowledge the information provided in this application and in any resume provided is correct and I understand that if any false or misleading information is given, or any material fact is suppressed, I will not be employed, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation. I further understand that any offer of employment, if made, may be conditional on my obtaining a full medical clearance through the Company's pre-employment medical.

Signed: _____

Date: _____

Sudano Holdings Limited

PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

Have you claimed accident compensation in the last 12 months? (give details)

Are you allergic to, or have any sensitivity to any substances or chemicals? **Yes/No**

Do you require corrective lenses or contact lenses? **Yes/No**

Do you have any hearing disability? **Yes/No**

Have you ever suffered from a back injury requiring time off work? **Yes/No**

State any serious injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

Do you have any other known condition, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? **Yes/No**

If yes, please detail: _____

In any of your past employment have you been exposed to:

- Noise? **Yes/No**
- Asbestos? **Yes/No**
- Heavy Metals? **Yes/No**
- Solvents? **Yes/No**
- Skin Irritants? **Yes/No**
- Infectious Material? **Yes/No**

If yes, please give details: _____

DECLARATION

I _____ (full name)
declare that to the best of my knowledge the answers in this form are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated.

I consent to the Company having access to and using the information arising from my pre-employment medical for the purposes of confirming or declining my conditional offer of employment and authorise the information to be released to the Company.

Yes/No

Signed: _____

Date: _____