



All sections of this application must be completed or your application may be declined

CONFIDENTIAL APPLICATION FOR SEASONAL EMPLOYMENT

This application is to be completed personally by the applicant and is valid for the duration of continued service. Please fill in **all sections** of the application form and should any of your contact details change after submitting this application, please contact us.

If you are subsequently employed by Silver Fern Farms Limited, the information supplied in this application, and any other information provided/collected during your employment, will be held in the company's personnel records.

All applicants must be aged 16 and above.

YOU MUST SUPPLY ONE OF THE FOLLOWING FORMS OF IDENTIFICATION WITH THIS FORM:

- (a) For NZ/AU citizens: (1) Passport (preferable), (2) Birth certificate with Photo ID, (3) Statutory declaration (signed by police or JP)
- (b) Non-Citizens: Passport and current residency proof
- (c) Non-Residents: Passport and current work visa

If you do not have any identification as above in (a), we are able to purchase a birth certificate on your behalf to verify your identification. If you are successful in being offered a position with Silver Fern Farms we will ask for your consent to purchase the birth certificate at that time.

POSITION APPLIED FOR	<input type="checkbox"/> Stock Handler	<input type="checkbox"/> Trimmer	<input type="checkbox"/> General labourer	<input type="checkbox"/> Dayshift
	<input type="checkbox"/> Slaughterperson	<input type="checkbox"/> Packer	<input type="checkbox"/> Freezerhand	<input type="checkbox"/> Nightshift
	<input type="checkbox"/> Slaughter Assistant	<input type="checkbox"/> Boner	<input type="checkbox"/> Other	

DATE OF APPLICATION:

NAME	Surname _____
	First names _____ (underline preferred name)
ADDRESS	Number and street address _____
	Suburb _____ Town / City _____
	Email Address (if available) _____
	Home Phone _____ Mobile Phone _____

WORK HISTORY

NAME OF COMPANY Most recent employer first	POSITION	START DATE	FINISH DATE	REASON FOR LEAVING

REFEREES

List the name and details of **two referees**, preferably your most recent employers

Name	Position	Company	Phone Number

<p>For the purpose of compliance with the Privacy Act 1993, I consent to the company seeking verbal or written information about me from my previous/current employers and/or referees and authorise the information sought, to be released to Silver Fern Farms Limited.</p> <p>Signature _____ Date _____</p>			

RESIDENCY STATUS	<p>Please tick which of the following enables you to be employed by Silver Fern Farms</p> <p>NZ Citizen <input type="checkbox"/> Permanent Resident* <input type="checkbox"/> Work Visa* <input type="checkbox"/></p> <p>*Please attach copy of residency or valid work visa</p>
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EDUCATION, CERTIFICATES, LICENCES OR SKILLS (First Aid / Forklift / Band Saw / Knifehand etc.)

GENERAL INFORMATION (Please tick the appropriate box)

<p>Have you been convicted or charged of a criminal offence as per Criminal Records Act 2004? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, give details: _____</p> <p>Are you awaiting the hearing of charges in any court or before any tribunal? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, give details: _____</p> <p>Have you ever been dismissed by a previous employer? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, give details: _____</p> <p>If you get employed by Silver Fern Farms, will you be working at any other place outside of your work hours at Silver Fern Farms? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, give details: _____</p> <p>Have you previously been employed in the meat industry or with Silver Fern Farms? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, give details: Site _____ From _____ To _____ Position _____</p> <p>Do you agree to undergo a medical and pre-employment drug test? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Have you had an injury or medical condition caused by gradual process, disease or infection (examples include but are not limited to hearing loss, eye condition, sensitivity to chemicals, repetitive strain injury)? YES <input type="checkbox"/> NO <input type="checkbox"/></p>

If yes, please give brief details: _____

Are you a high school student or university student?

YES NO

If YES, give details: _____

Do you have a driver's licence?

YES NO Details : Full Restricted Learners

AVAILABILITY

Date available to start: _____

Do you have any commitments which may prevent you from attending your place of employment in the future? (e.g. planned holidays, exams, dental visits)

YES NO

If YES, give details: _____

DECLARATION

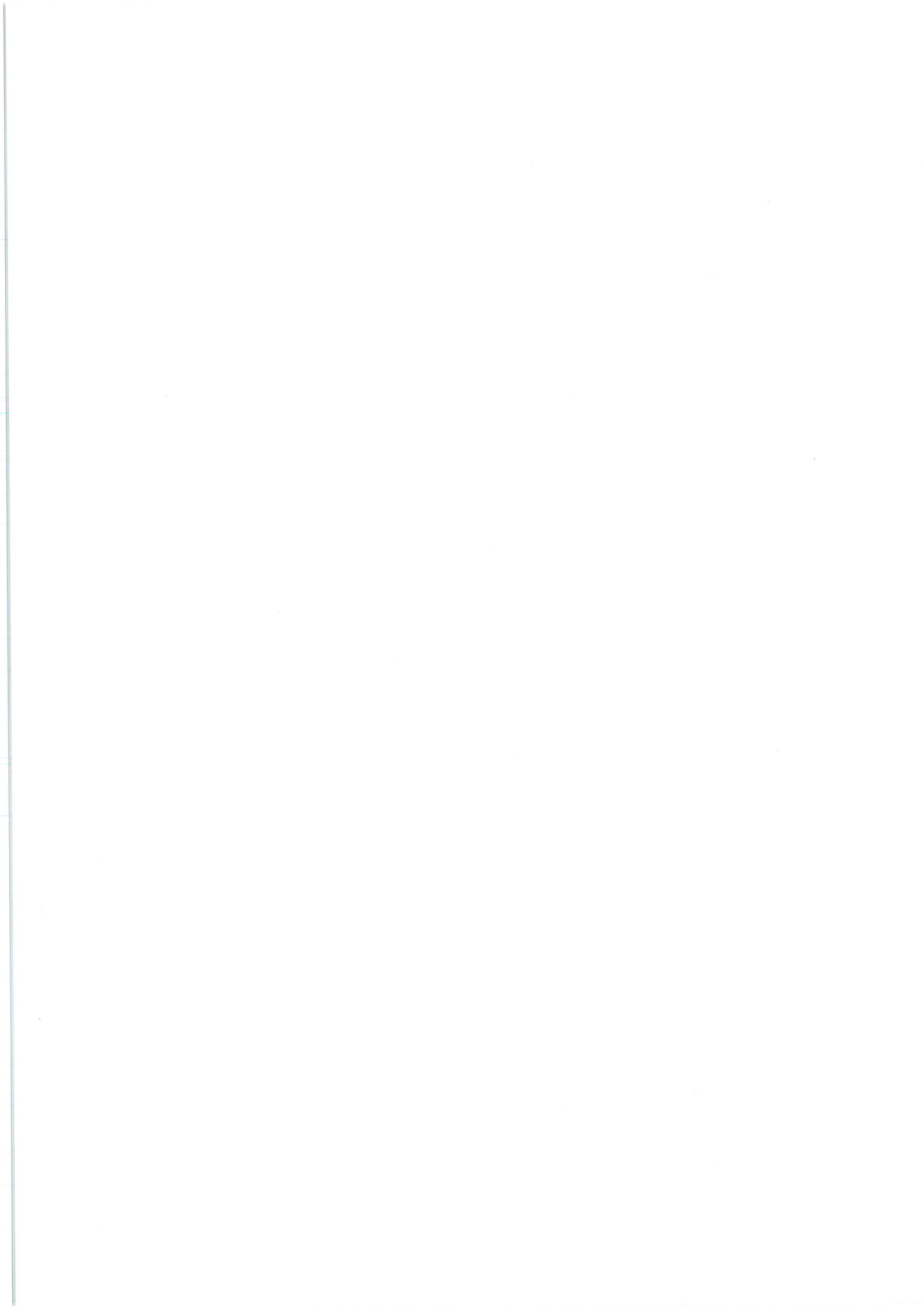
I _____ (full name) declare that to the best of my knowledge the answers in this application are correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I may not be employed, or if employed I may be terminated.

I understand that the information is given for the purpose of assessing my suitability for possible employment at Silver Fern Farms and I permit disclosure of this information to personnel responsible for employee selection. I have completed the Consent for ACC to Release Personal Information form, the Request for Criminal Conviction History – Third Party Consent form and have supplied one of the following forms of ID - Passport; Birth certificate with Driver's Licence, Statutory declaration (signed by police or JP) or the company can obtain a birth certificate for me with my consent at a later stage.

I acknowledge that should my application be shortlisted for the next step in recruitment, I will be required to undergo a pre-employment medical and drug test to determine suitability and eligibility for a position with Silver Fern Farms.

I permit the company to retain the information contained in this application form, and any supporting material e.g. CV, for the purpose of considering my suitability for other positions which may arise in this company in the future.

Signature _____ Date _____



Pre-employment check - request for ACC claims injury history



Please Read: Please complete this form and then email it to preemploymentchecks@acc.co.nz. Please provide a valid proof of identification: These include but are not limited to; Driver's Licence, Passport, 18+ Card, Birth Certificate, or Statutory Declaration signed by the Police or JP.

IMPORTANT - Employers and recruitment agencies: This form is valid for 1 month from the date signed by the applicant & unless the job applicant gives specific permission, the claims history provided will not include information about any:

- mental injury as a consequence of physical injury claims
- declined claims including accredited employer claims
- treatment injury claims
- claims occurring more than 10 years ago
- sensitive claims
- wilfully self-inflicted claims
- accidental death claim dependents

1. JOB APPLICANT'S DETAILS		PLEASE COMPLETE ALL SECTIONS	
First Name:		Middle Name:	
Surname:		Also known as (e.g Maiden name):	
Date of Birth:		Phone Number/s:	
<input type="checkbox"/> (please tick) If Less than 6 months in New Zealand.		Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="checkbox"/> (please tick) I have not had an accident related injury in the last 6 months.			
Postal address:		Suburb:	
Flat/Unit No: Town/City:		Postal Code:	
Previous Address:		Type of work/Industry:	

2. EMPLOYER OR RECRUITMENT AGENCY DETAILS		FOR ACC CLAIMS HISTORY RESULTS TO BE SENT TO	
Organisation Name: <i>Silver Fern Farms</i>		Contact Person's Name: <i>Sandra Tasker</i>	
Contact Phone Number: <i>06 346 9130</i>		Contact Email Address: <i>sandra.tasker@silverfernfarms.co.nz</i>	

PART B: CONSENT FOR ACC TO RELEASE INFORMATION

3. JOB APPLICANT'S CONSENT AND SIGNATURE	
<p>I authorise ACC to release my ACC claims history to the employer or recruitment agency named in Part A:2 and understand that I will be sent a copy to the postal address marked in Part A:1. Please tick if you do not wish to receive a copy of this information. <input type="checkbox"/></p> <p>Please tick if you have received or consented to a Pre-employment claims injury history in the last 6 months. <input type="checkbox"/></p> <p>I understand that if, I have been in New Zealand for less than 6 months (Part A:1) and, have not had an accident related injury in New Zealand during this period, ACC will not process this request.</p> <p>I understand that this information will only be used to decide whether I can carry out the job safely.</p> <p>I understand I have the right:</p> <ul style="list-style-type: none"> • to see and correct this information under the Privacy Act 1993 • that the employer or recruitment agency will use this information responsibly, and comply with the Privacy Act 1993, Health Information Privacy Code 1994 and the Human Rights Act 1993 • that the employer or recruitment agency will destroy the information once the job application process is complete. 	
Job applicant's signature:	Date:



MEDICAL HISTORY QUESTIONNAIRE

To be completed by the applicant and reviewed by the plant Occupational Health Nurse or plant Medical Practitioner.

Please comment on any abnormalities in the space provided and read all questions carefully.

Division/Plant: _____ Position Applied for: _____

First Name(s):	Surname:
Preferred Name:	Telephone:
Residential Address:	Postal Address:

Are you being treated by a doctor for any illness or condition? Yes No If Yes, provide details: _____

Have you ever had an operation? Yes No If Yes, provide details: _____

Are you receiving any medical treatment or taking any medication? Yes No If Yes, provide details: _____

Have you ever suffered a serious accident or injury? Yes No If Yes, provide details: _____

Have you ever been diagnosed with a 'notifiable disease' (see notifiable disease list)? Yes No If Yes, provide details: _____

Have you ever suffered from, or do you currently suffer from the following?

Heart disease or surgery Yes No If Yes, provide details: _____

Hepatitis (A,B or C) Yes No If Yes, provide details: _____

Chest pain, angina Yes No If Yes, provide details: _____

High blood pressure Yes No If Yes, provide details: _____

Deafness, loss of hearing Yes No If Yes, provide details: _____

Blackouts, fits, epilepsy Yes No If Yes, provide details: _____

Migraine or frequent headaches Yes No If Yes, provide details: _____

Diabetes Yes No If Yes, provide details: _____

Back pain, sciatica, lumbago, slipped disc Yes No If Yes, provide details: _____

Neck injury, whiplash Yes No If Yes, provide details: _____

Allergies Yes No If Yes, provide details: _____

Dermatitis, eczema, skin problems Yes No If Yes, provide details: _____

Head injury, concussion Yes No If Yes, provide details: _____



MEDICAL HISTORY QUESTIONNAIRE

- Hernia Yes No If Yes, provide details: _____
- Arthritis, rheumatism Yes No If Yes, provide details: _____
- Psychiatric/mental illness Yes No If Yes, provide details: _____
- RSI, OOS (occupational overuse syndrome), tenosynovitis, fibromyalgia, chronic pain syndrome Yes No If Yes, provide details: _____
- Shoulder injury or strain Yes No If Yes, provide details: _____
- Elbow strain or tennis/golfers elbow Yes No If Yes, provide details: _____
- Wrist strain or carpal tunnel syndrome Yes No If Yes, provide details: _____
- Hand or finger problems Yes No If Yes, provide details: _____
- Knee problems, cartilage injury Yes No If Yes, provide details: _____
- Do you smoke, or have you ever smoked Yes No If Yes, provide details: _____
- Do you have any difficulties with reading or writing Yes No If Yes, provide details: _____
- Any operations on your chest (even as a child) Yes No If Yes, provide details: _____
- Any chest injuries Yes No If Yes, provide details: _____
- Tuberculosis Yes No If Yes, provide details: _____
- Asthma Yes No If Yes, provide details: _____
- Wheezy bronchitis Yes No If Yes, provide details: _____
- Bronchitis Yes No If Yes, provide details: _____
- Pneumonia Yes No If Yes, provide details: _____
- Hay fever Yes No If Yes, provide details: _____
- Pleurisy Yes No If Yes, provide details: _____

Have you ever been regularly exposed to:

- Loud noise Yes No If Yes, provide details: _____
- Chemicals Yes No If Yes, provide details: _____
- Asbestos Yes No If Yes, provide details: _____
- Other dusts Yes No If Yes, provide details: _____
- Radiation Yes No If Yes, provide details: _____
- Do you have any condition which would prevent you from wearing safety footwear or other safety equipment Yes No If Yes, provide details: _____
- Have you ever been prevented from holding a job because of reaction to chemicals or dust Yes No If Yes, provide details: _____



MEDICAL HISTORY QUESTIONNAIRE

Have you ever worked in any of the following jobs:

Mining, tunnelling or quarrying	Yes <input type="radio"/> No <input type="radio"/> If Yes, provide details:	_____
Grinding	Yes <input type="radio"/> No <input type="radio"/> If Yes, provide details:	_____
Foundry work	Yes <input type="radio"/> No <input type="radio"/> If Yes, provide details:	_____
In a smelter	Yes <input type="radio"/> No <input type="radio"/> If Yes, provide details:	_____
With plastics, resins or paints	Yes <input type="radio"/> No <input type="radio"/> If Yes, provide details:	_____
In any timber industry	Yes <input type="radio"/> No <input type="radio"/> If Yes, provide details:	_____
In the furniture or wood turning trades	Yes <input type="radio"/> No <input type="radio"/> If Yes, provide details:	_____
As a welder	Yes <input type="radio"/> No <input type="radio"/> If Yes, provide details:	_____
In an asbestos textile factory	Yes <input type="radio"/> No <input type="radio"/> If Yes, provide details:	_____
Making or processing clutch or brake linings	Yes <input type="radio"/> No <input type="radio"/> If Yes, provide details:	_____
In the building trade	Yes <input type="radio"/> No <input type="radio"/> If Yes, provide details:	_____
As a floor sander	Yes <input type="radio"/> No <input type="radio"/> If Yes, provide details:	_____

I certify that the information given on this form is true and correct in every respect and that I fully understand that the information is requested for the purpose of assessing my suitability for possible employment at Silver Fern Farms.

Signed: _____ Date: _____

Request for Criminal Conviction History – Third Party

Confidential when completed

REQUEST BY THIRD PARTY UNDER THE PRIVACY ACT 1993 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE'S COMPUTER SYSTEMS.



How to fill out this form and the definitions used in this form

1. You will have been provided this form by a third party* to complete
2. Complete all the questions from Step 2 on – start with "Your details"
3. Please write as neatly as possible
4. Send back to the third party for them to check and send off.

*Third party is the person, potential employer or recruitment agency who has requested the criminal conviction check and will be sent the results. (The third party must complete the front page of this form).

Step 1 Third party to complete this section

Third party name details

Full name of third party:

Silver Fern Farms Waitotara

Full name of the person or organisation the third party is acting for (if applicable):

(i.e. the person or organisation who requested the third party to carry out a criminal conviction check).

Third party reference number (if applicable):

Third party return address details

Name of the person to return request information to:

Sandra Tasker

PO Box or

Street Address:

84 Waiinu Beach Rd

Suburb:

Town/City:

Waitotara

State/Province:

South Taranaki

Post Code:

4549

Country:

New Zealand

Signature of third party:

X

S. Tasker

OFFICE USE ONLY
MOJ REQUEST NUMBER

Step 2 Your details (please print)



Important: make sure the name and date of birth you write in here matches your identification in Step 3

Your Personal Details

Surname: First name:

Middle names (separated by commas):

Date of birth: Male Female

Place of birth:

Telephone: Mobile:

Email:

Previous names – Maiden names, other names you are known as, or have used

Surname	First name	Middle names (separated by commas)
<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"/>

Your Postal Address

PO Box or Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Current residential address if different to postal address

Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Please list any other New Zealand addresses you have lived at in the last 10 years

Street address:

Suburb:

Town/City:

Post Code:

Street address:

Suburb:

Town/City:

Post Code:

Street address:

Suburb:

Town/City:

Post Code:

Step 3 Your identification



Please attach a legible photocopy of your identification which must contain your signature. This can be any one of the following:

- New Zealand Driver Licence** - can be current or expired within the last 2 years, but cannot be cancelled, defaced or a temporary licence.
- New Zealand Passport** - can be current or expired within the last 2 years, but cannot be cancelled or defaced. Must show your signature.
- Overseas Passports** - must be current and cannot be expired, cancelled or defaced. Must show your signature.
- New Zealand Firearms Licence** - must be current and cannot be expired or defaced.
- If you do not have any of these forms of identification, you will need to complete Step 5.

Step 4 Your authority to release information to a third party

I authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my criminal convictions, subject to section 7 of the Criminal Records (Clean Slate) Act 2004, to the third party.

Tick the report required

Criminal and traffic convictions report Traffic convictions report

I want a copy of the information provided to the third party Yes No

Your signature:

X

Date:

D	D	M	M	Y	Y	Y	Y
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Step 5 Proof of identity

Only complete if you do not have a driver licence, passport or firearms licence

You will need to ask someone who can confirm your identity to fill in this section. If you are unable to get someone to complete Step 5, then you must complete a statutory declaration. The relevant form can be obtained from your local District Court or go to www.justice.govt.nz/services/criminal-records

The person who identifies you must:

- ✓ Have known you for more than 12 months
- ✓ Be aged 18 years or over
- ✓ Have a day time phone number and be contactable during normal business hours
- ✗ Not be a relative (a relative is a person connected by blood or marriage), and
- ✗ Not live at the same address.

Identifier to complete

Identifier's surname:

Identifier's first name:

Identifier's middle names (separated by commas):

PO Box or Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Telephone: Mobile:

Email:

I declare that I have personally known

Surname:

First name:

Middle names (separated by commas):

For years and vouch for their identity.

Signature of the identifier:

Checklist for the third party



Please ensure this form is fully completed to avoid processing delays.

Step 1: Third party contact name and address details are completed in full, otherwise we will return this request to the "individual" (person you sent the form to for completion).

Step 2: Contains individual's full name and date of birth.

Step 3: Copy of individual's identification is attached to this request; and, the signature on the identification matches the individual's signature in Step 4.

Step 4: The individual has authorised this request by signing and dating the form.

Step 5 (if applicable): Confirmation of the individual's identity if they do not have a valid identification.

Sending your form to the Ministry

Send this form and copy of identification to:

Criminal Records Unit, Ministry of Justice, National Office, SX 10161, Wellington.

Service standard

The Ministry of Justice will process this request within the agreed service delivery times in your contract with the Ministry of Justice. If you do not hold a contract with the Ministry of Justice, we will endeavour to process this request within 20 working days of the date we receive this completed application.