



# OPOTIKI PACKING AND COOLSTORAGE LTD

## FIELD APPLICATION FORM - 2010

Application for employment in the OPAC Packhouse  
All sections must be completed

SURNAME: .....

FIRST NAME: .....

ADDRESS: .....

..... Email Address: .....

PHONE: (DAY) ..... (NIGHT) .....

**POSITIONS:** Number in the box below, your preference in order, 1 = first choice, 2 = second choice etc

Winter pruning	Picking	Tractor driving	Forklift driving	QC	Transporter	Yardie

**PREFERRED SHIFT:** Number in preference order ie 1 or 2 for the shift you are prefer.

*Note: If you are only available for one shift, please mark only this shift.*

ANY PREVIOUS EMPLOYMENT WITH OPAC/RIVERLOCK? IF SO, WHAT?

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OTHER PREVIOUS EMPLOYMENT? IF SO, WHAT?

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**PTO**

# OCCUPATIONAL SAFETY AND HEALTH

**PLEASE ANSWER ALL QUESTIONS.....**

There is a requirement that applicants are not placed in a position where working conditions could or will be injurious to their health. We require knowledge of your health problems so that being placed in an unsuitable position does not aggravate the problem.

Do you presently suffer from any illness, handicap, health condition or problem that may preclude you from working at OPAC? Please circle any of the below:

Asthma	Allergies	Back Injury	Blackouts	Epilepsy	Eye Problems	Hearing Defects	Heart Problems	Repetitive Strain Injury (RSI)	No Health Problems
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Other medical condition/s that may affect your work? \_\_\_\_\_

\_\_\_\_\_

Person to contact in case of emergency? \_\_\_\_\_ Ph: \_\_\_\_\_

Contact Doctor: \_\_\_\_\_

*Please note it is up to you to let your Supervisor know about any medical condition you may have.*

Are you legally entitled to work in New Zealand? **Yes / No**

**If you are a visitor to New Zealand, please produce evidence of your work permit.**

Do you have a current First Aid Certificate? **YES / NO**

Do you have a current Forklift Licence? **YES / NO**

What is your Date of Birth? \_\_\_\_\_ (for Kiwisaver purposes)

Are you still attending school? **YES / NO**

Do you agree to have your wages direct credited into your bank account? **YES / NO**

Are you prepared to adhere to the policies and rules of this company? **YES / NO**

*(A copy of all policies is available at the OPAC Office.)*

As we work closely with WINZ in recruiting staff for OPAC, your name may be provided to WINZ to assist in this process.

I \_\_\_\_\_ (full name) declare that to the best of my knowledge the information supplied in this application is 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 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 from ACC. I also agree to notify OPAC of any communicable diseases I may have.

**X** Signed .....

**X** Date: .....