

PACKHOUSE APPLICATION FORM – 2010

Application for employment in the OPAC Packhouse

All sections must be completed

First Name: _____ Surname: _____

Address: _____

Email Address: _____

Phone: DAY _____ NIGHT _____

SHIFT: Number in preference order i.e. 1 or 2 for the shift you prefer. Note: If you are only available for one shift, please mark only this shift.

DAY 6am - 4.30pm

NIGHT 5pm - 3.30am

POSITIONS: Please number in box below, your preference in order,
1 = first choice, 2 = second choice, etc.

Grading

Stacking

Packing

Strapping

Tray Prep

Forklift

Other (Please detail) _____

Have you worked for OPAC previously? If so please list details below

Please detail other employment

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:.....