

## APPLICATION FOR EMPLOYMENT

Email to: [Jobs@ecoply.co.nz](mailto:Jobs@ecoply.co.nz)

The information you provide within this application form will be used to help us assess your suitability for employment and as such you should ensure that all of the information you provide is entirely accurate. Making misrepresentations or the provision of false information may be grounds for dismissal if your application is successful.

If you wish to access and/or request the correction of any personal information held by CHH concerning you, you will need to contact the HR Manager.

### PERSONAL INFORMATION

Title:  Mr  Mrs  Miss  Ms Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Available for:  Day Shift  Night Shift  Weekend shift

Further availability comments:  
\_\_\_\_\_  
\_\_\_\_\_

### IMMIGRATION STATUS

Are you legally entitled to work in New Zealand (e.g. citizen, permanent resident, work visa)?  Yes  No

Which corresponds to your current immigration status?

New Zealand Residency  New Zealand Citizen

Work Visa/ Permit Exp. Date: \_\_\_\_\_

If appointed, originals & expiry dates will need to be sighted and photocopied before you commence employment.

### EDUCATION & QUALIFICATION

School/Institute/ University/ National Certificates completed	Years attended	Qualifications obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you willing and able to undertake training during your employment required?  Yes  No

### PREVIOUS EMPLOYMENT

Please complete for your last three positions.

From DD/MM/YY	To DD/MM/YY	Company Name	Position Held	Reason for leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever worked for Carter Holt Harvey (CHH)?  Yes  No

How did you find out about this vacancy? \_\_\_\_\_

### REFEREES

Please provide contact details for two referees who are able to provide further details regarding your ability to perform the role you have applied for. These should be from previous/current direct managers.

(Please note: In providing this information you are giving consent for CHH to contact the referees directly in order to obtain a reference about you from them. For the avoidance of doubt, in providing this information you also consent to CHH disclosing personal information about you to the referees for the purpose of obtaining a reference).

Referee: \_\_\_\_\_ Company: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship i.e. Manager: \_\_\_\_\_ Duration: \_\_\_\_\_

Did you report directly to this person?  Yes  No

Referee: \_\_\_\_\_ Company: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship i.e. Manager: \_\_\_\_\_ Duration: \_\_\_\_\_

Did you report directly to this person?  Yes  No

### LICENCES

Do you hold a current Drivers Licence?  Yes  No

If Yes, please advise:  Full  Restricted  Learners

Do you hold a Licence applicable to the position you are applying for?  Yes  No

If yes, please list the classes and any endorsements held (i.e. forklift)

---

---

### HEALTH DECLARATION

Do you have any health conditions that may affect the performance of your duties?  Yes  No

Have you had a work-related injury, covered by ACC?  Yes  No

*If you have answered yes to any of the above questions, please outline the details.*

---

---

Do you consent to a pre-employment drug test?  Yes  No

Do you consent to a pre-employment medical test?  Yes  No

Have you been fully vaccinated against COVID 19?  Yes  No

If no, are you intending to get vaccinated / fully vaccinated against COVID 19?  Yes  No

### GENERAL

Do you have any other obligations or commitments that may affect your attendance or work performance?  Yes  No

Are you prepared to work as and when requested by CHH in accordance with the terms and conditions of your employment?  Yes  No

Do you have a spouse, partner, friend, or relative working for CHH or a company associated with CHH?  Yes  No

Are you aware of any factors that would place you in potential conflict of interest with CHH?  Yes  No

Have you been dismissed, or agreed to resign from a position?  Yes  No

Do you have a criminal record or conviction or are currently under investigation for an offence or alleged offence that would in any way be relevant to the position you are applying for at CHH?  Yes  No

*If you have answered yes to any of the above questions, please outline the details.*

---

---

### DECLARATION

I declare that the information I have given is correct and understand that any incorrect or misleading information may lead to disqualification, or if appointed, termination of the contracting engagement.

I have the right to access and request the correction of any personal information held by CHH concerning me.

I understand that my application for engagement with CHH may be affected if:

- I do not provide any or only part of the information requested in this form; or
- I do not permit CHH to disclose personal information about me to and/or collect personal information about me from the third party referees and agencies listed on this application form.

I understand that if offered a contract, the offer will be conditional upon satisfactory results for the following:

- Reference checks
- Medical history
- Pre-engagement medical examination and drug test
- ACC Claims history check
- Criminal history check
- Credit check (if considered applicable to the position)
- Driver's check

I consent to the organisation disclosing personal information about me to and seeking verbal or written information about me from: referees listed on this application form, NZTA, ACC, Saville Contracting, Ministry of Justice, Templeman & Associates, Equifax, any drug detection and/or medical testing agencies, and authorise the information sought from these third parties to be released to CHH.

I agree to treat personal information received by me during the course of the application process in accordance with the Privacy Act 1993 (as amended or replaced from time to time).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### COMMENCEMENT DATE

Earliest date able to commence duty, if successful? Date: \_\_\_\_\_

### PRIVACY STATEMENT

Completing this application allows CHH to collect personal information from you including your COVID 19 vaccination status.

If your application is successful, this information will become part of your CHH personnel records.

We are collecting your COVID vaccination information in order to have a record of who on site has been fully vaccinated against COVID 19 in line with the Ministry of Health guidelines.

Your vaccination status information will be safely stored in your EHSR file at site. This information may be used by CHH to understand the number of vaccinated employees we have across our sites.

You have a right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you would like to ask for a copy of this information or to have it corrected, please contact the HR Manager.