

Email to: <a href="mailto:Jobs@ecoply.co.nz">Jobs@ecoply.co.nz</a>

Carter Holt Harvey Plywood Limited Kinleith Mill Kinleith Industrial Park State Highway 1 Tokoroa New Zealand www.chhply.co.nz 0800 746 399

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.

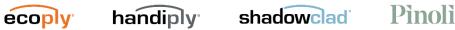
If you wish to access and/or request the correction of any personal information held by CHH concerning you, you will need to contact the HR Manager.

	FORMATION					
Title: □ Mr □ Mrs □ Miss □ Ms			Date:			
First Name:			Surname:			
Address:						
		Mobile:		Email:		
Position Applied	I for:					
Available for:	□ Day Shift	☐ Night Shift		☐ Weekend shift		
Further availabil	ity comments:					
IMMIGRATION	STATUS					
Are you legally e	entitled to work in New	v Zealand (e.g. citizer	n, permanent residen	nt, work □ Yes □ No		
Which correspon	nds to your current im	migration 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.						
<b>EDUCATION 8</b>	QUALIFICATION					
	titute/ University/	Years a	attended	Qualifications obtained		
National Cert	tificates completed					
School/Inst	titute/ University/	Years a	attended	Qualifications obtained		

Are you willing and able to undertake training during your employment frequired?  $\square$ Yes  $\square$  No











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YMENT			
r last three positions.			
To	Company Name	Position Held	Reason for leaving
DD/WIIW/TT			1
for Carter Holt Harvey	(CHH)? ☐ Yes ☐ No		
•			
			ability to perform the
			, ,
			iso consent to or in
	Company: _		
	Phono		
	i none		
	Email:		
or-	Duration		
JGI	Duration		
to this person? ☐ Yes	s □ No		
	Company: _		
	Phone:		
	Email:		
jer:	Duration:		
to this person? ☐ Yes	s □ No		
	r last three positions.  To DD/MM/YY  for Carter Holt Harvey bout this vacancy?  g this information you ar rom them. For the avo mation about you to the  to this person?  Yes  er:	To DD/MM/YY Company Name    To DD/MM/YY Company Name	r last three positions.  To DD/MM/YY Company Name Position Held



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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?  If no, are you intending to get vaccinated / fully vaccinated against COVID 19?	☐ Yes ☐ No
in no, are you intending to get vaccinated / fully vaccinated against 00 VID 13:	□ 165 □ 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.	



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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:
<ul> <li>I do not provide any or only part of the information requested in this form; or</li> <li>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.</li> </ul>
I understand that if offered a contract, the offer will be conditional upon satisfactory results for the following:
<ul> <li>Reference checks</li> <li>Medical history</li> <li>Pre-engagement medical examination and drug test</li> <li>ACC Claims history check</li> <li>Criminal history check</li> <li>Credit check (if considered applicable to the position)</li> <li>Driver's check</li> </ul>
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.