

# Application for Employment

- You must complete this application form in your own handwriting.
- You should provide complete information in answer to each question, regardless of whether or not you consider it relevant to the position you are applying for.
- If a question does not apply, then answer “not applicable” or “n/a”.
- Use the final page to finish answers if you run out of room in the space provided.
- Applicants who do not sign the *Applicant’s Declaration* will not be considered.

## Information for the Applicant

You should read and understand this information before completing and signing this application form.

The completion of this Application does not impose any obligation upon Winstone Pulp International Ltd (“the Company”) to engage your services; it is merely a source of information that may be used by the Company to assist it in considering your suitability for the position for which you are applying.

If successful, this information together with that required for payroll purposes will form part of your employment agreement, and may also be used for the purpose of assessing your suitability for subsequent changes in employment with us. You are entitled to access this information upon request.

## POSITION

The position I am applying for is

The job application number (where applicable) is :

## PERSONAL DETAILS OF EMPLOYEE

Name

Address

Phone  Cell Phone

E-mail  Date of Birth

Nationality

Resident Status – Are you legally entitled to work in New Zealand? \*  Yes  No

*\*You may be required to produce evidence of this, e.g. NZ Citizenship, Work Permit.*

## CONTACT PERSON

Name

Address

Phone  Cell Phone

Relationship

**EDUCATION**

Educational Institution	Qualification (Subject and Level)	Results (with grades)

Do you have any other occupational qualifications, certificates or licences, or have you attended any courses relevant to the position applied for?

Date	Qualification	Training Provider

Are you currently studying or planning to study for any qualifications?


**EMPLOYMENT HISTORY (Last 10 Years)***List current or most recent employer first*

Employer	from	to	Reason for Leaving

**REFEREES AND HISTORY***Please nominate at least 2 referees*

**Applicant's Consent:** I agree that the Company may collect information about me from any source, which relates to my application for employment. This form is an authority for those people the Company contacts to disclose any appropriate information. I also understand that checks may be carried out through appropriate agencies, including (but not limited to) the Police.

I am aware that any information supplied by my referees is evaluative material, and that it is supplied to the Company on the basis that each referee has been promised that their identity and the information they have provided will not be revealed to me. I understand that I am not entitled to disclosure of that information.

Name and Position	Company/Association	Telephone

Have you ever been convicted of a criminal offence?

 Yes    No

Do you currently have any criminal charges pending or under investigation?

 Yes    No

If Yes to either question, provide **full** details :


\*This question is subject to the provisions of the Criminal Records (Clean Slate) Act 2004. This Act gives eligible individuals the right, in some circumstances, to withhold information about their convictions. Visit <https://www.justice.govt.nz/criminal-records/clean-slate/> for further information about this right.

## HEALTH

You need to provide us with full details of anything that may affect your work performance if you were to be offered employment by WPI Ltd.

### Questionnaire for General Employment

Please circle the response YES or NO for each of the following questions. If YES please provide additional information at the end of the table.

1	Do you have any health conditions or symptoms which may affect your ability to perform your expected work role(s)? (whether being treated by a health professional or not)	YES	NO
2	Do you have any health conditions or symptoms which may be made worse by your expected work role(s)?	YES	NO
3	Do you have any musculo-skeletal conditions ('aches and pains', joint problems, arthritis, neck/back/spinal problems), or other painful conditions (e.g. migraine headache, or pain disorders) which may affect your ability to perform your expected work role(s)?	YES	NO
4	Do you experience any pain or discomfort when carrying out your normal home activities or your usual work activities?	YES	NO
5	Do you have any limitations in movements, posture, or physical functioning which may affect your ability to perform your expected work role(s)?	YES	NO
6	Have you ever been advised that you have 'repetitive strain injury' (RSI) or 'occupational overuse syndrome' (OOS)?	YES	NO
7	If so, has this condition continued to affect your ability to perform your usual work activities?	YES	NO
8	Do you have any skin conditions (such as dermatitis/eczema, dry skin, rashes or itch) which may affect your ability to perform your expected work role(s)?	YES	NO
9	Do you have any allergies to chemicals, plants, or other workplace or environmental materials/products which may affect your ability to perform your expected work role(s)?	YES	NO
10	Do you have any vision or hearing conditions that may affect your ability to perform your expected work role(s)? (this includes requirements for glasses or contact lenses, problems with glare or low light conditions, hearing loss, tinnitus or the need for hearing aids)	YES	NO
11	Do you have any mental health condition which may affect your ability to perform your expected work role(s)?	YES	NO
12	Are you taking any regular medications for any health conditions or symptoms (including prescribed or non-prescribed medications, or health products)?	YES	NO
13	Has the use of alcohol or any other drugs/substances ever affected your ability to perform your usual work regularly and reliably?	YES	NO
14	If so, have these affected your ability to perform your expected work roles in the past and do you expect that these could affect your expected work roles in the future?	YES	NO
15	Have you had had any ACC claim for a work-related injury, at any time, either a Personal Injury by Accident or a Gradual Process claim?	YES	NO
17	Do you require any special work requirements (in terms of hours/shifts or the environment) because of health or disability problems?	YES	NO
18	Do you have any specific ergonomic/workstation/equipment requirements (changes to the workplace) because of health or disability problems?	YES	NO
19	Have you required medical or surgical treatment during the last 12 months?	YES	NO



## HEALTH

Please circle the response YES or NO for each of the following questions. If YES please provide additional information at the end of the table.

In the past 12 months, how many days have you had away from work due to :

Sickness  Injury  Domestic  Other

Do you smoke?  Yes  No

Have you ever suffered any :

Heart Complaints  Yes  No Hearing Loss  Yes  No

Black-outs, Fits, Seizures  Yes  No High Blood Pressure  Yes  No

Dermatitis, Eczema, Allergies  Yes  No Asthma  Yes  No

Diabetes  Yes  No Respiratory Problems  Yes  No

**I understand that any offer of employment is dependant / conditional on undertaking and successfully passing a Pre-employment Medical Examination, Alcohol and Drug Tests conducted by providers agreed to by WPI Ltd.**

**I declare that the information which I have set out in this questionnaire is truthful and that there are no misleading answers or omissions.**

**I understand that if I am employed and it is subsequently established that I have been misleading or untruthful, I may be terminated from employment.**

Applicant's Signature

Date

## GENERAL

Have you been employed previously in the Timber Industry?

Yes  No

Have you been employed by any branch of this Company?

Yes  No

If Yes to either question, please give details :


Do you have a driver's licence?

Yes  No

If Yes, Classes :

--

Are you prepared to work overtime?

Yes  No

Are you prepared to work shift, change shifts, or change to shifts if required?

Yes  No

What are your preferred hours?


If your application is successful, when would you be available to commence employment?


What are your interests/hobbies?


## Applicant's Declaration

I declare that:

1. I am legally entitled to work in New Zealand.
2. All representations made in relation to my application for employment, whether verbal or in writing, as to my qualifications and experience, are true and complete.
3. I have disclosed on this form all criminal convictions or charges I may have, and any disabilities and/or medical conditions which may affect my employment, if I were to be employed by the Company.
4. I understand that the Company has a pre-employment drug-testing programme in place to reduce risks to quality and safety. I understand that I must pass this test before I can be offered employment with the Company. As such, I consent to provide appropriate samples (e.g. blood, urine) if required, for the purpose of testing for unauthorised drugs or alcohol, and I consent to the release to the Company of the results of any such tests for the purpose of determining my suitability for employment.
5. I have not deliberately failed to disclose any matter that may materially influence any decision to employ me, and I understand that if I have given any false or deliberately misleading information, or if I have suppressed any material fact, or if information gained about me is otherwise unsatisfactory, I may not be accepted for employment or, if I am employed, my employment may be terminated.

Applicant's Signature

--

Date

--

