



OPAC Application Form

This information is collected for the purposes of assessing your suitability for employment at OPAC. This application is for employment at OPAC and forms part of the conditions of employment. All information given to us will be treated confidentially and will only be released in accordance with the authorisations you provide to us in this form.

- Applicants must be 16 years of age or more.
- This application must be personally completed by the applicant
- The completion of this form does not indicate there is any obligation on the company to engage the applicant.

Please note that you are required to provide evidence of your New Zealand work entitlement when applying for a position. Please attach a copy of your passport and work visa or other acceptable identification.

Personal Details

First name Surname

Gender Male Female Phone

Date of Birth Email

Address Street Number Street Name

City/Town Postal Code

Are you currently registered with WINZ Yes No

In case of an emergency who do we contact Name Phone

Where did you hear about recruitment opportunities at OPAC:

Returnee Internet Newspaper Word of mouth Billboard Social Media Other:

Skills and Licences

List all relevant qualifications/certificates/licences etc. e.g. First Aid Certificate, Forklift Licence, Plumbing, Carpentry. Attach C.V. if you have one.

Employment History

Name of recent employer Phone

Dates employed Position held

Reason for leaving

Have you worked at OPAC before Yes No Manager name

Name a person who will give you a reference (excluding family members):

Name Phone

Health and Safety

* If yes please give detail

Do you have a medical, allergic or physical condition or injuries that may affect your ability to work including being allergic to bee's Yes No

Are you currently receiving medical treatment or taking prescription medicine? Yes No

Do you need to bring prescription medicine to work? Yes No

Do you have a hearing disability? Yes No

Have you ever suffered a back injury? Yes No

Have you ever claimed compensation from ACC? Yes No

Do you currently suffer from any infectious diseases?(see list below) Yes No

Infectious Diseases: Campylobacter, Chicken Pox, Conjunctivitis (viral & bacterial), Cryptosporidium Giardia, Gastroenteritis (viral), Glandular Fever, Hand/Foot and Mouth Disease, Hepatitis A, Hepatitis B, Measles, Meningitis (Meningococcal), Mumps, Rubella, Ringworm, Salmonella, Scabies, Slapped Cheek, Streptococcal Sore Throat, Whooping Cough (Pertussis), Other:

Are you interested in receiving further information from OPAC on voluntary health & wellness checks available to some eligible staff in season? Yes No

What is your preferred choice of work?

Area you would like to apply for? please circle Packhouse Orchard

What shift would you like? Day Night Any

Are there any days you are not available to work? Yes No Details :

Availability to work: Available from: Available to:

Packhouse Positions Available (please tick)

Supply Chain/Logistics

- Coolstore Supervisor
- Forklift Operator
- Arrivals/ Export Team Member
- Team Leader
- Inventory Monitor

Quality

- Quality Team Supervisor
- Quality Control (Accredited)
- Quality Control (Trainee)
- Grader
- Team Leader

Production

- Production Team Supervisor EAN
- Equipment Team Member
- Packing Team member
- Tray Preparation
- Team Leader

Orchard Positions Available (please tick)

Machinery and Maintenance

- General Orchard Worker
- Transporter Driver
- Forklift Driver
- Tractor Driver

Orchard

- Pruner
- Picker
- Grafter
- Flower Picker

Technical Support

- Quality Controller
- Laboratory work

You may work in multiple orchards per day – Do you have your own transport? Yes No

Are you legally entitled to work in New Zealand?

Please provide your photo ID or passport when applying for a position

As a New Zealand Citizen	<input type="radio"/> Yes	<input type="radio"/> No
As a permanent resident	<input type="radio"/> Yes	<input type="radio"/> No
As a holder of a current Work Permit/Visa	<input type="radio"/> Yes	<input type="radio"/> No

Criminal Offences

Do you have any criminal convictions? Do not include any concealed under the Criminal Records (Clean Slate) Act 2004

Yes No If yes please provide details:

Are there any charges pending against you? Yes No If yes please provide details:

Declaration and Consent- please read carefully

I consent to OPAC seeking information, on a confidential basis, about me from any previous employers or referees and authorise the information sought to be released for the purposes of ascertaining my suitability for the position for which I am applying. The information received by OPAC is supplied in confidence, and evaluative material will not be disclosed. I also consent to OPAC seeking information from the Government Agencies or providing information to Government Agencies for employment related purposes. For the purpose of providing a safe and healthy workplace, I acknowledge that I will be asked to undergo a pre-employment drug test. Refusal to undergo a drug test or a failed test will result in me not being employed. If I am employed before the results of my pre-employment drug test are available and/or receive a failed result, then my employment will terminated immediately. I also acknowledge that I may be drug/alcohol tested, following a workplace accident/incident, reasonable cause and randomly tested. Refusal to undergo a drug/alcohol is considered serious misconduct and may result in immediate dismissal. I declare that all the information supplied in this application is true and correct and I understand that if any incorrect, misleading or suppressed information on this form or on any other document provided to OPAC in any form whatsoever by any means, may lead to disqualification, or if appointed, to termination.

Signature Date