



Employment Application

Name: _____

1. Address: _____

2. Date of Birth: _____

3. Phone: _____ Alternative No. _____

4. Are you a Student Yes / No _____ If yes available from _____ to _____

5. Shift work: (Circle) _____ Day shift _____ Night shift _____ Either _____

6. Employment History (the last 2 employers you have worked for)

- Name and Address of Company _____
- Date Started and Finished _____
- Position Held/ Duties _____
- Reason for Leaving _____

- Name and Address of Company _____
- Date Started and Finished _____
- Position Held/ Duties _____
- Reason for Leaving _____

7. Reliable Transport (circle) _____ YES _____ NO _____

9. Previous experience in the Food / Meat industry

10. Referees: 2 / 3 work referees (must be contactable) with the persons name/position the person holds and their phone number.

Name: _____ Company _____ Position _____

Phone No. _____

Name: _____ Company _____ Position _____

Phone No. _____

Name: _____ Company _____ Position _____

Phone No. _____

If you have a current C.V please attach a copy – CV's will not be returned:

BERNARD MATTHEWS NZ LTD HUMAN RESOURCES MANUAL

TITLE: BM/HRFE/001 Employment Application			
PREPARED BY: Training Team		AUTHORISED: Allan Jack	
PC LOCATION and CLASSIFICATION	CREATED	DATED:	Signed
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PRE- EMPLOYMENT MEDICAL QUESTIONNAIRE:

NAME: _____ **Male** ____ **Female** ____ **DOB:** ____/____/____

To be completed by the applicant and reviewed by the Company Doctor and the Company Nurse.
Please read all questions carefully and tick (✓) either Yes or No as it applies and comment on any details
in the space provided.

QUESTIONS:

Are you being treated by a doctor for any illness or condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, give details.

Have you any allergies and or drug reaction?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, give details.

Have you ever had an operation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, give details.

Have you ever suffered a serious accident or injury?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, give details.

Have you ever had a broken bone or fracture?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, give details.

Have you ever suffered from, or do you now suffer, from the following?

Heart disease or surgery	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, give details.

Chest pain, angina	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, give details.

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High Blood pressure	Yes		No	
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If yes, give details.

Deafness, loss of hearing	Yes		No	
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If yes, give details.

Blackout, fits, epilepsy	Yes		No	
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If yes, give details.

Migraine or frequent headaches	Yes		No	
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If yes, give details.

Diabetes	Yes		No	
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If yes, give details.

Back pain, sciatica, lumbago, slipped disc	Yes		No	
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If yes, give details.

Neck injury, whiplash	Yes		No	
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If yes, give details.

Dermatitis, eczema, skin problems	Yes		No	
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If yes, give details.

Hernia	Yes		No	
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If yes, give details.

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Arthritis, rheumatism	Yes		No	
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If yes, give details.

Psychiatric illness	Yes		No	
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If yes, give details.

RSI, OOS (occupational overuse syndrome), tenosynovitis, fibromyalgia, chronic pain syndrome	Yes		No	
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If yes, give details.

Shoulder injury or strain	Yes		No	
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If yes, give details.

Elbow strain or tennis/golfers elbow	Yes		No	
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If yes, give details.

Wrist strain or carpal tunnel syndrome	Yes		No	
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If yes, give details.

Hand or finger problems	Yes		No	
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If yes, give details.

Knee problems, cartilage injury	Yes		No	
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If yes, give details.

Tuberculosis	Yes		No	
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If yes, give details.

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Hepatitis A, B, C or D	Yes		No	
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If yes, give details.

Asthma	Yes		No	
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If yes, give details.

Bronchitis	Yes		No	
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If yes, give details.

Do you smoke, or have you ever smoked	Yes		No	
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If yes, give details.

Other

Do you have any condition, which would prevent you from wearing standard Bernard Matthews safety equipment (gumboots, earmuffs etc)?	Yes		No	
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If yes, give details.

Have you ever been employed by Bernard Matthews before?	Yes		No	
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If yes, give details.

Have you ever applied for a position at Bernard Matthews before?	Yes		No	
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If yes, give details.

Do you have any thing else to declare?	Yes		No	
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If yes, give details.

I hereby certify that to the best of my knowledge the answers given above are correct.

Name: _____

Signed: _____

Date: _____

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CONSENT FORM FOR PRE-EMPLOYMENT MEDICAL EXAMINATION

1. I consent to undergo a pre-employment medical examination to be undertaken by Bernard Matthews NZ Ltd. I acknowledge that the company requires this examination for the purpose of determining whether I am properly able to carry out my duties if the company employs me.

I understand that these procedures could include any or all of the following:

A physical examination including; health questionnaire; vision test; hearing test; chest x-rays; lung function; chemical and microscopic urinalysis; or any other form of testing relevant to the position offered, which the company may require.

2. I also agree to provide proof of identity, if requested, which may include my photograph, so that the company can forward it to the medical professional undertaking the pre-employment medical examination.
3. Medical records will remain confidential to the medical professionals involved. Only the results relevant to this application will be communicated to the company. The medical record of the examination will be filed in the first aid room at the plant where I am seeking employment. This record will not be accessible by anyone except the doctor or Medical Administrator / ACC Coordinator without obtaining your prior consent. If the plant does not have a first aid room the medical records will be kept in an appropriate place.
4. Results of the medical examination will only be used for the purpose for which they were obtained. A page summary of the examination will be given to the manager/supervisor at the plant, who is making the decision regarding recruitment.
5. I acknowledge that:
- (a) I have read and understand the terms of this consent form; and
 - (b) I have the right to access and request the correction of any personal information held by the company or medical professional concerning me.

Signature of applicant: _____

Full name of applicant: _____

Date: ____ / ____ / ____

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FACSIMILE: _____ **DATE:** _____

TO: Accident Compensation Corporation

ATTENTION: Dunedin Service Centre

FAX NUMBER: (03) 471 9801

FROM: Bernard Matthews (NZ) Ltd

WORK SITE: Feilding **FAX: (06) 323 7641**

Dear Sir/Madam

Bernard Matthews NZ Ltd writes to request a copy of the ACC claims history of the following individual:

Name	
Date of Birth	
Address	
Phone number	

Please find attached an informed consent form signed and dated by **Bernard Matthews NZ Ltd**, which permits access to this information and a copy of their **driver's licence / passport / birth certificate / Statutory Declaration** (as proof of identification).

Bernard Matthews NZ Ltd, confirms that this request is made for recruitment purposes only, to determine if the individual named above has an injury history that would render them unsuitable for employment placement by **Bernard Matthews NZ Ltd**, given the nature of the work that the individual would be expected to undertake.

This information will be used in the overall evaluation process of determining

Name (please print) _____ suitability for employment as a Meat Processor for **Bernard Matthews NZ Ltd** and once this is completed the information will be destroyed.

This information should be forwarded to **Medical Administrator, Bernard Matthews NZ Ltd**, to the address above and be marked as confidential.

Yours faithfully

Medical Administrator

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INFORMED CONSENT TO RELEASE PERSONAL ACC INFORMATION

First Name	
Middle Name	
Surname	
Date of Birth	
Current Address	
Previous Address	
Phone Number	
Mobile Number	
Position applied for	
Company	

I, the undersigned, authorise **Bernard Matthews NZ Ltd, Kawakawa Road, Feilding**, to obtain a copy of my ACC claims history.

I understand that in order that my privacy be protected, that **Bernard Matthews NZ Ltd**, will use this information **ONLY** to aid in evaluating my suitability for employment with **Bernard Matthews NZ Ltd** and for no other purpose.

I understand that once this purpose has been fulfilled that **Bernard Matthews NZ Ltd**, will destroy their copy of my claims information.

Important

Please attach a copy of either your **driver's licence / passport / birth certificate / Statutory Declaration** as proof of identification as required by ACC or we will be unable to process this application.

I understand that ACC will forward to me a copy of my claims history also.

Signed _____

Date: _____

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