

2012 Seasonal Application Form



SEEKA
KIWIFRUIT INDUSTRIES LIMITED

www.seeka.co.nz

Employee No (If previously worked for Seeka)

First Name (s)

Surname

Address

Town

Email

Personal Details

Home Phone

Mobile

Work Phone

Date of Birth / /

Gender (please circle) Male Female

Shift Preference (please tick) Day Night Both

What days are you available to work? (please tick)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Skills and Licences (please enclose copies of Certificates etc e.g. First Aid, Forklift Licence etc)

Licence Number

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Position Preference -What is your preferred role? (please tick)

Bin Tip Operator Canteen Worker Cleaner Documentation Forklift Operator Fruit Labeller

Grader Monitor Role Packer Quality Control Stacker Strapper

Sizer Operator Tray Preparation

NB: Staff may be rotated to any suitable position in order to maintain optimum production

Work Location Preference - What is your preferred packhouse to work at? (please tick)

Town	Site Name	Please tick here	Physical Address	Phone	Email
Te Puke	Oakside	<input type="checkbox"/>	242 Rangiuuru Rd, Te Puke	07 573 8108	susanw@seeka.co.nz
Maketu	KKP	<input type="checkbox"/>	10 Maketu Rd, Te Puke	07 533 2313	lynneb@seeka.co.nz
Maketu	Transpack	<input type="checkbox"/>	Young Rd, Te Puke	07 573 6586	tpemp@seeka.co.nz
Mount Maunganui	HukaPak	<input type="checkbox"/>	21 Totara St, Mt Maunganui	07 575 9812	dianneh@seeka.co.nz
Katikati	Main Road	<input type="checkbox"/>	Cnr Main Rd & Wharawhara Rd	07 549 3061	MainRdReception@seeka.co.nz

Previous Experience - Have you worked in a Packhouse/Coolstore before? (please tick)

Never One Season Two or More Seasons

Site name Job held

All applicants must provide evidence of legal work entitlement by supplying one of the following:

(As per amendments to the Immigration Act 2009 effective 29 November 2010)

NZ Passport or NZ Citizenship certificate & photo identification or

Birth Certificate & photo identification or Passport with valid work visa

Please Note; For certain positions other checks will be made before the preferred candidate will be offered the position. This will be done with the consent and full knowledge of the candidate.

Privacy Statement

- The information gathered in this application is confidential and shall only be used for the purposes of identifying and determining any medical conditions/injuries relative to the position you are applying for as part of the application process.
- If you are employed this information shall be stored with your personnel record. You shall have access to this at any time.

Thank you for applying for a position at Seeka. All applicants must be 16 years of age or older. The completion of this form does not indicate there is any obligation on Seeka to employ the applicant.

Medical Information (must be completed as part of the application process)

Have you suffered/ or do you suffer from any of the following (Please circle)?

Abnormal Blood Pressure	Allergies/ Skin Irritation e.g. Hay fever, bee stings	Asthma	Arthritis	Epilepsy	Hearing or Sight Impairment	Communicable Illness ie; HIV, TB, Hepatitis	Heart Conditions
Shoulder or Back Pain	Muscle Pain & Discomfort	Repetitive Type Injury	Hernia	Surgical procedures within last 12 months	Learning Difficulties or Impairment	Other	Not Applicable I have not and do not suffer from any of these conditions

Are you receiving any medical treatment for an injury or illness that may affect your ability to do this job?

Are you on any medication that needs to be carried with you at all times (while at work)?

Do you have any condition that may need emergency intervention at work?

Previous Injuries/Accidents

Circle One

Have you ever had a work related injury?

Yes / No

Have you had any previous or existing ACC Claims?

Yes / No

Are you involved in any sports or recreational activities that may impact on your ability to do this job?

Yes / No

Are you currently receiving any rehabilitation support or treatment following an injury or pain & discomfort?

Yes / No

Do you currently hold secondary employment or another job? If so please provide details

Yes / No

If you have answered Yes to any of the above questions please provide details:

ie : Date of Injury/Nature of Injury/Cause/Treatment Received/Clearance Provided

Drug & Alcohol Policy

Seeka has a Drug & Alcohol Policy that involves pre-employment, random, reasonable cause and post incident testing. If you are applying for a position in our high risk safety sensitive areas/roles, you will be required to undergo a pre-employment Drug Test. All information is treated confidentially and is collected/used to ensure compliance with Seeka's Drug and Alcohol Policy.

I have seen the physical requirements of the role I am applying for (as outlined in the job information cards) and believe that I have no medical problems, injuries or ailments that may be aggravated by the physical demands of the work that I will be employed to do.

I declare that all 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 Seeka in any form whatsoever by any means, may lead to disqualification of this application, or if appointed, to termination of employment.

Sign _____

Date _____