



Pre Employment Questionnaire

Thank you for applying for a position with Rakaia Island Limited. The information you provide is collected by Rakaia Island Ltd for the purpose of assisting the assessment of your suitability for employment with Rakaia Island Ltd.

All information collected will be treated confidentially and will be released only with your permission.

If your application is successful, this questionnaire will become part of your personnel file, which you are entitled to access upon request.

If your application is unsuccessful, this questionnaire will be destroyed.

Please note: Completion of this form does not indicate any certainty that there is any obligation on Rakaia Island Ltd to employ the applicant.

Personal Details

Full Name	
Preferred Name	
Date of Birth	
Current Address	
Contact Phone Number(s)	

Rakaia Island Ltd does Social Media reference checking, do you give permission for this?	YES/NO
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Driver License

NZ Driver License No.		Expiry Date	
Classes Held		Any Demerit Points?	YES / NO
What arrangements do you have to attend work?			

Entitlement to Work – Please circle

New Zealand or Australian Citizen	New Zealand Resident	Work Visa Please provide a copy	Visa Expiry Date:
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Do you give permission for Rakaia Island Ltd to verify your Visa/Immigration status with Immigration New Zealand?	YES/NO
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Ethnicity – Please circle

NZ European	Maori	Other (please specify)
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Can you speak any language other than English?	YES / NO	Can you speak and understand English?	YES / NO
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Firearms License

Do you hold a NZ Firearms License?	YES / NO		
If YES:	License No	Expiry Date	
Any Endorsements?	YES / NO If YES, please provide detail		

Education and Qualifications

Secondary School Attended	
Qualifications Attained	
Further Education Provider	
Qualifications Attained (inc. Trades and ITO Training)	
What is your salary expectation for this position?	

Previous Dairy Experience

Do you have any previous New Zealand Dairy farming experience?	YES/NO If YES, how long:
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Criminal History

Have you ever been convicted of a criminal offence in New Zealand or any other country?	YES / NO If YES, Date:
Are you awaiting the hearing of charges in a Civil or Criminal Court of Law?	YES / NO
Are you happy for us to conduct a Police Check?	YES / NO

If you answered YES to either of the first two questions above, please provide brief details:

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Previous Employment

Please provide details of your current employment and most recent employment prior to that, including approximate start and finish dates.

Current Employment:

Company:	
Address:	
Contact Ph. Number:	
Position:	
Start Date:	
Duties:	
Hours:	
Reason for Leaving:	

Prior Employment:

Company:			
Address:			
Contact Ph. Number:			
Position:			
Start Date:		Finish Date:	
Duties:			
Hours:			
Reason for Leaving:			

In terms of the Privacy Act, do you consent to us contacting your current/previous employer?	YES/NO
Have you ever taken a legal claim against a previous employer or employee?	YES/NO

Housing Requirements – Please circle

Room	2 Bedroom	3+ Bedroom
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Health and Safety

Rakaia Island Ltd is required to take all practicable steps to protect our employees and others in the workplace from harm. It is important to us that you can perform all duties required in the position you have applied for safely. Farms can be a hazardous workplace and Rakaia Island Ltd puts a considerable emphasis on health and safety in the workplace.

Are you prepared to handle all products, materials or equipment used on the farm?		YES/NO
Do you suffer from any condition that may affect or be affected by the job you have applied for?		YES/NO
Are you taking any regular medication that could potentially affect your ability to work in the position you have applied for?		YES/NO
Have you had any operations related to a workplace injury?		YES/NO
Have you suffered from any farm related infectious diseases?		YES/NO
Have you ever suffered from:	Heart and/or lung problems?	YES/NO
	Hearing and/or visual problems?	YES/NO
	Soft tissue/ligament or muscle strain? (eg. RSI/Tennis Elbow)	YES/NO
	Back, neck and/or joint problems?	YES/NO

If you answered YES to any of the questions above, except the first, please provide brief details:

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Rakaia Island Ltd has a zero drug tolerance policy. If you are considered for employment, you will be required to undergo a pre-employment drug test to assess the your suitability to perform duties safely to protect yourself and others in the workplace from harm. Random drug testing is also carried out.

Do you agree to a pre-employment drug test and random drug testing? YES/NO - please complete
Consent for Drug Testing
-form attached

Please note that the return of a positive test for drug use, will result in you being ineligible to be employed by Rakaia Island Ltd. Results from drug tests conducted are kept confidential to those directly involved with the appointment process.

Declaration

I declare that, to the best of my knowledge, the answers in this questionnaire are complete and correct.

I understand that if any false, or deliberately misleading information is supplied, or any material information is suppressed, I will not be accepted for employment, or if employed, my employment may be terminated immediately.

I also understand that any false or misleading information given in regards to medical history in relation to gradual disease, infection, impairment or injury that could affect my work performance, can result in my loss of entitlement for any compensation from ACC or Accident Insurer.

I consent to undergo, if required, a medical examination by a registered medical practitioner nominated by Rakaia Island Ltd and to release the Health and Safety portion of this questionnaire to the medical practitioner. I also consent to the disclosure of the report from my medical examination to Rakaia Island Ltd.

Signed:

Date:

Printed Name:

If my application is successful, I am available to start work with Rakaia Island from:

Driver Check Consent Form

What is Driver Check?

Driver Check is a secure internet site set up by the NZ Transport Agency (NZTA). It has been established to allow companies to check that only appropriately licensed drivers are driving their company vehicles.

What information can Driver Check tell the user?

Driver Check allows the user (your employer) to access the following information about your driver licence:

- The classes you hold e.g. a class 4 licence to drive heavy trucks
- The licence endorsements you hold e.g. a D endorsement to carry dangerous goods
- The conditions on your licence e.g. the requirement to wear correcting lenses when driving
- The status of your licence e.g. current, suspended, disqualified, revoked or reinstated.

The NZTA will send an automatic notification to the user when any of the above information about your driver licence changes, e.g. when your licence expires or is suspended.

Licence holder's consent

Driver Check terms and conditions of use require:

- The user to have the written consent of the licence holder before accessing their licence record
- The user to retain a copy of that written consent
- The user to supply a copy of that written consent to the NZTA on request
- The user to have licence holder's permission before releasing any information obtained via Driver Check to any third party
- The licence holder's written consent on this form.

I, _____ authorise **Rakaia Island Limited** to access my driver licence record, using the **NZTA Driver Check service**.

Dated this _____ day of _____ 20____

Driver Licence No.: _____ (Section 5a on your photo licence)

Licence Version No.: _____ (Section 5b on your photo licence)

Signature of driver licence holder: _____

Date of birth of licence holder: _____

Signature of authorised signatory of organisation: _____

*******PLEASE ATTACH A COLOUR COPY OF BOTH SIDES OF YOUR DRIVER LICENCE*******

Consent for Drug Testing

I, consent to undergo a drug test, to be undertaken by a certified collecting agent and accredited laboratory appointed by Rakaia Island Limited. I acknowledge this is for the purpose of determining whether I have levels of an illicit drug or a misused prescribed or party drug present in my urine, higher than the accepted international standard as defined by the Australian/New Zealand Standard (AS/NZ 4308:2007) or any future updates.

I understand that a urine sample will be collected and the drugs for which I am being tested are cannabinoids, opiates, amphetamine type substances, cocaine, benzodiazepines, benzylpiperazine (legal party highs) and others if applicable.

The first test is paid for by Rakaia Island Limited.

I undertake to advise the certified agent collecting my urine of any medication that I am taking. I also agree to provide the collecting agent with proof of identity (if I am not being accompanied), which includes my photograph.

I understand that I may request a second test be conducted on the duplicate specimen and analysed within 14 days of receiving the result. For the second test to be positive, there need only be the presence of the drug or metabolite detected (i.e. not cut off limits). This will be accepted as a conclusive result and costs associated with this test will be borne by me. If the second test proves negative this will be accepted as a conclusive result and costs associated with this test will be reimbursed by Rakaia Island Limited.

Any collection, storage or exchange of information concerning the drugs test will be in accordance with the requirements of the Privacy Act and results will only be used for the purposes for which they were obtained.

I understand that refusal to sign this form for the drugs test, or the return of a positive result means that:

Pre-employment: The job offered/applied for will not be confirmed or offered to me.

Current employee: The Rakaia Island Limited disciplinary procedure will follow.

I have read and understood the terms of this consent form.

I have been advised of my right to consult a representative before signing this consent, and had a reasonable opportunity to do so without delaying the testing (for a current employee).

Applicant Name

Applicant Signature Date:

Witness Name Occupation

Witness Signature Date:

Pre-employment check - request for ACC claims history

Please Read: Please complete this form and then email it to preemploymentchecks@acc.co.nz. Please provide a valid proof of identification: These include but are not limited to; Driver's Licence, Passport, 18+ Card, Birth Certificate, or Statutory Declaration signed by the Police or JP.

Employers and recruitment agencies: unless the job applicant gives specific permission, the claims history provided will not include information about any:

- mental injury as a consequence of physical injury claims
- declined claims including accredited employer claims
- treatment injury claims
- claims occurring more than 10 years ago
- sensitive claims
- wilfully self-inflicted claims
- accidental death claim dependants

PART A: IDENTIFYING DETAILS

1. JOB APPLICANT'S DETAILS	PLEASE COMPLETE ALL SECTIONS
First Name:	Middle Name:
Surname:	Also known as (e.g Maiden name):
Date of Birth:	Phone Number/s:
Ethnicity:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Postal address:	Suburb :
Town/City:	Postal Code :
Previous Address:	Type of work/Industry:

2. EMPLOYER OR RECRUITMENT AGENCY DETAILS	FOR ACC CLAIMS HISTORY RESULTS TO BE SENT TO
Organisation Name:	Contact Person's Name:
Contact Phone Number:	Contact Email Address:

PART B: CONSENT FOR ACC TO RELEASE INFORMATION

3. JOB APPLICANT'S CONSENT AND SIGNATURE	
<p>I authorise ACC to release my ACC claims history to the employer or recruitment agency named in Part A:2, and understand that I will be sent a copy to the mailing address marked in Part A:1.</p> <p>I understand that this information will only be used to decide whether I can carry out the job safely.</p> <p>I understand I have the right:</p> <ul style="list-style-type: none">• to see and correct this information under the Privacy Act 1993• that the employer or recruitment agency will use this information responsibly, and comply with the Privacy Act 1993, Health Information Privacy Code 1994 and the Human Rights Act 1993• that the employer or recruitment agency will destroy the information once the job application process is complete.	
Job applicant's signature:	Date: