Application for Employment

General Information	
First Name:	Family Name:
Phone Number:	Email Address:
Current Address:	
What position are you applying for:	
Have you previously been employed by Bidfood Ltd: Yes ☐ No ☐ If "Yes", for which branch(s) and when :	

Work Eligibility		
Are you aged 16 or over: Yes ☐ No ☐		
Are you legally allowed to work in New Zealand: Yes ☐ No ☐		
Which describes your Right to Work in New Zealand:		
☐ NZ Citizen	☐ Resident Visa	☐ Interim Work Visa Open
☐ NZ Permanent Resident	☐ Student Visa	☐ Work Visa Open
☐ Australian Citizen	☐ Accredited Work Visa	☐ Work Visa Talent
☐ Australian Permanent Resident	☐ Work Visa Limited	☐ Working Holiday Visa

Visas	
If you are on a Visa, please complete the below and **attach a copy of your passport**	
Visa Application Number:	Visa Expiry Date: ……../……. /…….
Visa Restrictions:	
Passport Number:	Passport Expiry Date: ……../……. /…….

Drivers Licence
Are you legally entitled to drive in New Zealand: Yes ☐ No ☐
Does your Drivers Licence have any Endorsements *(eg F, Forklift)*: Yes ☐ No ☐ If "Yes", which are they:
If you are on a foreign Drivers Licence, when was your last date of entry to New Zealand: ……./……. /…….

Which Vehicle Classes are covered by your Drivers Licence:	
Class 1 - Car Licence	☐ Learners ☐ Restricted ☐ Full
Class 2 - Medium Rigid Vehicle Licence	☐ Learners ☐ Full
Class 3 - Medium Combination Vehicle Licence	☐ Learners ☐ Full
Class 4 - Heavy Rigid Vehicle Licence	☐ Learners ☐ Full
Class 5 - Heavy Combined Vehicle Licence	☐ Learners ☐ Full
Class 6 - Motorcycle Licence	☐ Learners ☐ Restricted ☐ Full

Health and Safety Declaration

Do you have any other injury, medical condition or medication which could affect your ability to do this job or may trigger a medical situation for you at work (such as an allergic reaction or diabetes):

Yes ☐ No ☐

Have you had or do you currently have an injury or condition caused by a gradual processes, disease, or infection (such as repetitive strain injury, occupational overuse syndrome, back injury or hearing loss), which this job may worsen or contribute to:

Yes ☐ No ☐

If this position involves working in a safety-sensitive role or area (including driving a vehicle for work or being in areas requiring a High-Vis vest), please indicate if you have experienced seizures, epilepsy, or blackouts:

Yes ☐ No ☐ Not applicable for the role I am applying for ☐

Have you had any ACC claim(s) which could affect your ability to do this job: Yes ☐ No ☐

If "Yes", is the claim(s) still open: Yes ☐ No ☐

And are you still undergoing rehabilitation: Yes ☐ No ☐

If you answered "Yes" to any of the above, please provide details:

Background Checks

Under the Criminal Records (Clean Slate) Act 2004, you do not need to declare a New Zealand conviction if all of the following apply:

• It has been 7 or more years since your most recent conviction and you have not re-offended; and

• You have never had a custodial sentence imposed upon you (including detention at home, in hospital or at any secure facility); and

• You have paid any fines/costs/compensation/reparation.

However, regardless of how long ago you were convicted, you are not eligible to conceal your conviction if:

• You have ever been convicted of a sexual offence; or

• You have ever been disqualified from holding a driver licence for repeat offending involving alcohol/drugs; or

• The conviction was from overseas.

Have you ever been convicted of a crime in New Zealand or in any other country: Yes ☐ No ☐

Are you awaiting the hearing of charges in a civil or criminal Court of Law: Yes ☐ No ☐

Before accepting any offer of employment is there anything you need to disclose that may affect your ability to perform the tasks in the role: Yes ☐ No ☐

If you answered "Yes" to any of the above, please provide details:

Have you had a name change : Yes ☐ No ☐ Previous name(s):

Do you consent to Bidfood or a third party hired by Bidfood completing:

A criminal conviction check: Yes ☐ No ☐

A pre-employment drug test: Yes ☐ No ☐

A credit check: Yes ☐ No ☐

A background check: Yes ☐ No ☐

A reference check: Yes ☐ No ☐

Employment History *(if no CV provided)*	
1 Company Name:	Job Title:
Dates Employed:	Company Address:
Main Duties:	
2 Company Name:	Job Title:
Dates Employed:	Company Address:
Main Duties:	
3 Company Name:	Job Title:
Dates Employed:	Company Address:
Main Duties:	
References	
1 Name:	Title:
Relationship:	Phone Number:
Company:	Email:
2 Name:	Title
Relationship:	Phone Number:
Company:	Email:
3 Name:	Title:
Relationship:	Phone Number:
Company:	Email:
Additional Questions	
If required, are you prepared to work: Night Shift: Yes ☐ No ☐ Over time: Yes ☐ No ☐	Do you have secondary employment: Yes ☐ No ☐

Privacy Act Information

If your application is successful, the information on this form (together with your CV and other supporting documents) will form part of your employee record at Bidfood.

Under the Privacy Act 2020 you are entitled to access and seek to correct the personal information on your records. However, excludes reference checks undertaken by Bidfood and evaluative or opinion material gathered to assess your suitability, eligibility and qualifications for employment.

Declaration

I declare the information provided on this form, and in the process of my application, is true and gives a comprehensive representation of the questions asked.

I understand that any incorrect, misleading or omitted information may prevent me from being considered for the position. If already employed, it may result in my employment being ended.

I also understand giving false information in the Health & Safety Declaration may result in losing my entitlement to work-related compensation.

I understand completing this form does not guarantee employment.

I understand if my application is unsuccessful, the information I have shared will be stored for consideration for other suitable roles.

Applicant Signature: _____ Date: _____

Checked by Bidfood

Name: _____ Signature: _____ Date: _____