

BELLS PRODUCE LIMITED
Commercial Growers, Retailers & Wholesalers
Of Fresh Fruit & Vegetables



PRODUCE LIMITED

PRE-EMPLOYMENT PACK/QUESTIONNAIRE

Every question must be answered

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____ CELLPHONE: _____

BIRTH DATE: _____

ARE YOU A NEW ZEALAND CITIZEN? _____

Please provide a copy of your birth certificate

If not please provide a copy of your passport and visa

To enable us to assess your job application we require information as well as a history of your health as lifting and good physical health are a necessary pre-requisite for the position:

Do you take any medications or require medication for allergies Please list and what for?

Do you suffer from skin rashes or allergies etc? e.g. bee stings. Please list:

All the jobs in our company requires heavy lifting and bending over. Are you able to do heavy lifting?
Are you able to bend over for long periods of time? If not, what is the problem?

Have you had any injuries or illness in the last 5 years work related, and non-work related?
Please list and if they are ongoing:

Do you have any criminal convictions? Are you waiting to go to court? If yes, please list details, including any court dates.

Are you capable of taking and following instruction? _____

Do you have any immediate family members currently employed at Bells Produce Ltd? _____

Are you currently enrolled with WINZ? _____

Are you colour blind? _____

Are you drug free? _____

CONSENTS

I give consent for Bells Produce Ltd to verify my visa/passport status with Immigration New Zealand yes/no

I give consent to a Pre-Employment Drugs Test yes/no

I give consent for a Pre-Employment Colour Blindness Test yes/no

I confirm the information given is correct.

Signed: _____

Name: _____

Dated: _____