

# Application for Employment

## Information for the Applicant

Please read the following information before completing and signing this application form.

The completion of this application does not impose any obligation upon Winstone Pulp International Ltd (WPI) to employ the applicant; it is a source of information that may be used by WPI to assist in considering the applicant's suitability for the position being applied for.

- You should provide complete information in answer to each question, regardless of whether or not you consider it relevant to the position you are applying for.
- If a question does not apply, then answer "not applicable" or "n/a".
- Use the final page to finish answers if there is insufficient space provided.
- Applicants who do not sign the *Applicant's Declaration* will not be considered.

### POSITION

The position I am applying for is:

### PERSONAL DETAILS

Name

Address

Phone  Cell Phone

E-mail

Nationality

Resident Status – Are you legally entitled to work in New Zealand? \*  Yes  No  
(\*Evidence may be requested, e.g., NZ Citizenship, Work Permit)

### RELEVANT EMPLOYMENT HISTORY

*List current or most recent employer first*

Employer	from	to	Reason for Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### EDUCATION

Educational Institution	Qualification Achieved (Subject and Level)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### REFEREES AND HISTORY

*Please nominate at least 2 referees*

**Applicant's Consent:** I agree that WPI may collect information about me from any nominated source, which relates to my application for employment. This form is an authority for those people WPI contacts to disclose any appropriate information. I also understand that checks may be carried out through appropriate agencies, including (but not limited to) the Police.

I am aware that any information supplied by my referees is evaluative material, and that it is supplied to WPI on the basis that each referee has been advised that their identity and the information they have provided will not be revealed to me. I understand that I am not entitled to disclosure of that information.

Name and Position	Company	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been convicted of a criminal offence?\*  Yes  No

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Do you currently have any criminal charges pending or under investigation?  Yes  No

If Yes to either question, provide **full** details:

**\*This question is subject to the provisions of the Criminal Records (Clean Slate) Act 2004. This Act gives eligible individuals the right, in some circumstances, to withhold information about their convictions. Visit <https://www.justice.govt.nz/criminal-records/clean-slate/> for further information about this right.**

## GENERAL

Do you have a driver's licence?  Yes  No If Yes, Classes :

What are your preferred hours/ days?

If your application is successful, when would you be available to commence employment?

What are your interests/ hobbies?

## HEALTH

You need to provide us with full details of anything that may affect your work performance if you were to be offered employment by WPI.

Please circle the response YES or NO for each of the following questions. If YES please provide additional information at the end of the table.

1	Do you have any health conditions or symptoms which may affect your ability to perform your expected work role(s)? (whether being treated by a health professional or not)	YES	NO
2	Do you have any health conditions or symptoms which may be made worse by your expected work role(s)?	YES	NO
3	Do you have any musculo-skeletal conditions ('aches and pains', joint problems, arthritis, neck/back/spinal problems), or other painful conditions (e.g. migraine headache, or pain disorders) which may affect your ability to perform your expected work role(s)?	YES	NO
4	Do you experience any pain or discomfort when carrying out your normal home activities or your usual work activities?	YES	NO
5	Do you have any limitations in movements, posture, or physical functioning which may affect your ability to perform your expected work role(s)?	YES	NO
6	Have you ever been advised that you have 'repetitive strain injury' (RSI) or 'occupational overuse syndrome' (OOS)?	YES	NO
7	If so, has this condition continued to affect your ability to perform your usual work activities?	YES	NO
8	Do you have any skin conditions (such as dermatitis/eczema, dry skin, rashes or itch) which may affect your ability to perform your expected work role(s)?	YES	NO
9	Do you have any allergies to chemicals, plants, or other workplace or environmental materials/products which may affect your ability to perform your expected work role(s)?	YES	NO
10	Do you have any vision or hearing conditions that may affect your ability to perform your expected work role(s)? (this includes requirements for glasses or contact lenses, problems with glare or low light conditions, hearing loss, tinnitus or the need for hearing aids)	YES	NO
11	Do you have any mental health condition which may affect your ability to perform your expected work role(s)?	YES	NO
12	Are you taking any regular medications for any health conditions or symptoms (including prescribed or non-prescribed medications, or health products)?	YES	NO

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13	If so, have these affected your ability to perform your expected work roles in the past and do you expect that these could affect your expected work roles in the future?	YES	NO
14	Have you had had any ACC claim for a work-related injury, at any time, either a Personal Injury by Accident or a Gradual Process claim?	YES	NO
15	Do you require any special work requirements (in terms of hours/shifts or the environment) because of health or disability problems?	YES	NO
16	Do you have any specific ergonomic/workstation/equipment requirements (changes to the workplace) because of health or disability problems?	YES	NO
17	Have you required medical or surgical treatment during the last 12 months?	YES	NO

If you have answered YES to question(s) 1 – 19 above, please provide details:

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In the past 12 months, how many days have you had away from work due to:

Sickness  Injury  Domestic  Other

## Applicant's Declaration

I declare that:

1. I am legally entitled to work in New Zealand.
2. All representations made in relation to my application for employment, whether verbal or in writing, as to my qualifications and experience, are true and complete.
3. I have disclosed on this form all criminal convictions or charges I may have, and any disabilities and/or medical conditions which may affect my employment, if I were to be employed by the Company.
4. I understand that the Company has a pre-employment drug-testing programme in place to reduce risks to quality and safety. I understand that I must pass this test before I can be offered employment with the Company. As such, I consent to provide appropriate samples (e.g. blood, urine) if required, for the purpose of testing for unauthorised drugs or alcohol, and I consent to the release to the Company of the results of any such tests for the purpose of determining my suitability for employment.
5. I understand that the Company has a pre-employment medical examination in place to reduce risks to quality and safety. I understand that I may be required to pass this test before I can be offered employment with the Company. As such, I agree to undertake the exam if required, and I consent to the release to the Company of the results of any such tests for the purpose of determining my suitability for employment.
6. I have not deliberately failed to disclose any matter that may materially influence any decision to employ me, and I understand that if I have given any false or deliberately misleading information, or if I have suppressed any material fact, or if information gained about me is otherwise unsatisfactory, I may not be accepted for employment or, if I am employed, my employment may be terminated.

Applicant's Signature	<input type="text"/>	Date	<input type="text"/>
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Please return to:

WPI  
PO Box 48  
OHAKUNE, 4660  
Attention: Human Resources (Confidential)

Or email [jobs@wpinz.com](mailto:jobs@wpinz.com)

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