

# OP COLUMBIA APPLICATION FOR EMPLOYMENT

The information supplied in this application shall only be used for the purpose of selection for employment.

<b>Name:</b>
<b>Address:</b>
<b>Contact Phone Number:</b>
<b>Date of Application:</b>
<b>Position Applying for:</b>
<b>Date able to commence work:</b>
<b>Emergency Contact Person:</b>
<b>Emergency Contact Phone Number:</b>
<b>Do you Agree to the Work Being Seasonal:</b>
<b>Do you Agree to a Trial Period :</b>

Please list any previous work experience or special skills: \_\_\_\_\_  
\_\_\_\_\_

**For the following questions please circle Yes or No as applicable.**

- Are you over 16 years of age? **Yes / No**
- Are you legally entitled to work in New Zealand? **Yes / No**  
- You may be asked to provide proof of this
- Are you awaiting the hearing of charges in a Civilian Court? **Yes / No**
- Have you ever been charged or convicted of a criminal offence? **Yes / No**
- Do you have any commitments which may prevent you from attending your place of employment during ordinary hours or affect your availability for overtime? **Yes / No**
- Have you had an injury or medical condition caused by gradual process, disease, or infection,; hearing loss, sensitivity to chemicals, repetitive strain injuries, which the tasks of the job you are applying for may aggravate or contribute to? **Yes / No**  
- An untrue answer may mean you will not be entitled to compensation
- Are you or have you ever suffered from or been suspected of carrying the following? **Yes / No**
- |                                      |                                    |
|--------------------------------------|------------------------------------|
| Typhoid Fever                        | Paratyphus A and B                 |
| Dysentery                            | Infectious Hepatitis               |
| Scarlet Fever                        | Contagious Tuberculosis            |
| Infectious Enteritis (Salmonellosis) | Human Immunodeficiency Virus (HIV) |
- Have you a previous employer that can give you a reference? Complete Reference Consent on back of this page. **Yes / No**

I agree that all the information that I have supplied in this application form is correct.  
I understand that falsification of any information may result in dismissal if employed.

**Signed by Applicant:**

**Date:**

# OP COLUMBIA REFERENCE CONSENT FORM

## REFERENCE 1.

I give my consent for OP Columbia to obtain information from the below mentioned Company or Person in relation to my employment enquiries.	(Full Name)
<b>Name of Referee:</b>	
<b>Company Name:</b>	
<b>Position Held:</b>	
<b>Contact Address:</b>	
<b>Contact Phone Number:</b>	
<b>Employment Dates:</b>	
<b>Signed:</b>	<b>Dated:</b>

## REFERENCE 2.

I give my consent for OP Columbia to obtain information from the below mentioned Company or Person in relation to my employment enquiries.	(Full Name)
<b>Name of Referee:</b>	
<b>Company Name:</b>	
<b>Position Held:</b>	
<b>Contact Address:</b>	
<b>Contact Phone Number:</b>	
<b>Employment Dates:</b>	
<b>Signed:</b>	<b>Dated:</b>