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| **Pre-Employment Information Form** |
| ***Purpose:*** *This information is retained as part of your employment file and is used to ensure you are eligible to work in New Zealand, for payroll purposes and collecting statistical information for Government Agencies regarding the people employed by the Company. In signing this document, you give permission for your information to be retained on file and when requested, given to a government agency or third party such a Zespri approved Inspector.* |
| **Office use only:*** ID or Passport
* Visa
* IR330
* Visa View *Enquiry Number:*
 | **Employee ID Number:** |
| **Personal Information****PLEASE COMPLETE IN CAPITAL LETTERS** |
| [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Other |
| Surname |  |
| Given Names |  |
| Date of Birth | D | D |  | M | M |  | Y | Y | Y | Y |  |
| Street Address |  |
| Town |  |
| Contact Phone Number |  |
| Email Address |   |
| IRD Number |  |  |  |  |  |  |  |  |  |  |  |  | Tax Code |  |
|  |
| Bank Account Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Next of Kin | Name |  |
| Relationship to you |  |
| Phone Number |  |
| **Legal Status** |
| Are you a resident of New Zealand? [ ]  Yes [ ]  No *If* ***yes****, please provide proof of your NZ Citizenship by means of any of the following:* *NZ Passport, NZ Birth Certificate plus other photo ID (e.g. Drivers licence or 18+ card), Citizenship Certificate with photo ID* *If* ***no****, please complete below:* |
| Country of Citizenship |  |
| Type of Visa | [ ]  Student Visa [ ]  Open Work Visa [ ]  Working Holiday Visa[ ]  Residence Visa [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Visa Details | Visa Number |  | Visa Expiry |  |
| Passport Details | Passport Number |  | Passport Expiry |  |
| Declaration |
| I (full name), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that to the best of my knowledge that the answers in this form are correct and I understand that if any false or deliberately misleading information is given, or any material fact is suppressed, that my employment will be terminated. I understand that it is illegal to use someone else’s identify or IRD number and in signing this I confirm that the above information belongs to me personally. Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Additional Information** |
|  **Do you have any known conditions that may affect your ability to carry out the functions for this position?** Yes / No*If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Do you have any allergies that we should be aware of?** Yes / No*If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Are you at present receiving any medical treatment and/or taking medication?** Yes / No*If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Do you consent to undergo a drug test, without delay, should it be required?** Yes / No  |