



APPLICATION FOR 2010 SUMMER STUDENT INTERNSHIP PROGRAMME

YOU ARE REQUESTED TO COMPLETE THIS APPLICATION FOR OUR INTERNSHIP PROGRAMME PERSONALLY.

THE APPLICATION FORM IS A SOURCE OF INFORMATION THAT WILL BE USED BY THE COMPAC GROUP (COMPAC SORTING EQUIPMENT, TASTE TECHNOLOGIES LTD AND LENZ EQUIPMENT LTD) TO ASSIST IT IN CONSIDERING YOUR SUITABILITY FOR THE POSITION FOR WHICH YOU ARE APPLYING. IF SUCCESSFUL, SUCH INFORMATION SHALL FORM PART OF COMPAC GROUP'S PERSONNEL RECORDS. FAILURE TO SUPPLY THE INFORMATION REQUESTED WOULD PREJUDICE COMPAC GROUP'S ABILITY TO ASSESS YOUR SUITABILITY FOR THE POSITION.

YOU ARE ENTITLED TO ACCESS THIS INFORMATION UPON REQUEST TO COMPAC GROUP'S PRIVACY OFFICER.

THE ABOVE INFORMATION IS PROVIDED IN ACCORDANCE WITH THE PRIVACY ACT 1993.

CONFIDENTIAL

To be completed personally by Applicant

DATE OF APPLICATION _____

NOTE: The completion of this form does not indicate that there is any obligation on the Compac Group of companies to employ the applicant.

PURPOSE: This information is collected for the purpose of assessing your suitability for employment at Compac.

PLEASE PRINT

POSITION APPLYING FOR: 1st choice: _____

2nd choice: _____

YOUR NAME

FAMILY NAME: _____

GIVEN NAMES _____

(UNDERLINE NAME USED): _____

ARE YOU KNOWN BY ANY OTHER NAME(S)? _____

YOUR CONTACT DETAILS

CONTACT ADDRESS: _____

HOME PHONE NUMBER: _____

MOBILE NUMBER: _____

EMAIL ADDRESS: _____

LEGAL WORK STATUS

(please circle)

ARE YOU LEGALLY ENTITLED TO WORK IN NEW ZEALAND?

YES No

AS:

A NEW ZEALAND CITIZEN

YES No

A PERMANENT RESIDENT OF NEW ZEALAND

YES No

A HOLDER OF A CURRENT WORK PERMIT FOR NEW ZEALAND

YES No

If yes, evidence of this entitlement must be provided

STUDIES

PLEASE LIST WHAT YOU ARE STUDYING

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LANGUAGES

PLEASE IDENTIFY LANGUAGES SPOKEN/WRITTEN, AND LEVELS OF FLUENCY

ENGLISH SPOKEN

FLUENT / CONVERSATIONAL / BASIC

ENGLISH WRITTEN

SPANISH SPOKEN

FLUENT / CONVERSATIONAL / BASIC

SPANISH WRITTEN

OTHERS SPOKEN

FLUENT / CONVERSATIONAL / BASIC

OTHERS WRITTEN

PLEASE LIST;

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REFEREES

PLEASE PROVIDE THE NAME, POSITION, ADDRESS AND TELEPHONE NUMBERS OF AT LEAST TWO REFEREES (PERSONAL AND/OR PROFESSIONAL):

1.

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2.

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GENERAL

ARE YOU PREPARED TO WORK OVERTIME IF REQUIRED? **YES** **No**

DO YOU HAVE A CURRENT DRIVER'S LICENCE? **YES** **No**

WHAT CLASSES?

WHAT TRANSPORT ARRANGEMENTS DO YOU HAVE TO ATTEND YOUR PLACE OF EMPLOYMENT?

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DO YOU HAVE ANY CRIMINAL CONVICTIONS, NOT INCLUDING ANY CONCEALED UNDER THE CRIMINAL RECORDS (CLEAN SLATE) ACT? (PLEASE REFER TO ATTACHED DIAGRAM)

YES **No** IF YES, PLEASE DETAIL;

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DO YOU HAVE ANY TRAFFIC CONVICTIONS? **YES No**

ARE YOU AWAITING THE HEARING OF CHARGES IN A CIVIL OR CRIMINAL COURT OF LAW? **YES No**

HAVE YOU EVER BROUGHT A PERSONAL GRIEVANCE CLAIM AGAINST A PREVIOUS EMPLOYER? **YES No**

CAN YOU THINK OF ANYTHING THAT MAY AFFECT YOUR ATTENDANCE AT WORK? **YES No**

HAVE YOU HAD AN INJURY OR MEDICAL CONDITION CAUSED BY GRADUAL PROCESS, DISEASE OR INFECTION, FOR EXAMPLE, HEARING LOSS, SENSITIVITY TO CHEMICALS, REPETITIVE STRAIN INJURIES THAT MAY BE AGGRAVATED OR FURTHER CONTRIBUTED TO BY THE TASKS OF THIS JOB? **YES No**

(FOR EMPLOYMENT REQUIRING COMPUTER USE): ARE YOU AFFECTED BY DYSLEXIA? **YES No**

ARE YOU AFFECTED BY COLOUR BLINDNESS? **YES No MAYBE**

IF YOU ANSWERED YES TO ANY OF THE AFOREMENTIONED QUESTIONS, PLEASE DETAIL;

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DO YOU HAVE A SPOUSE, PARTNER OR RELATIVE WORKING HERE OR ELSEWHERE IN THE SAME INDUSTRY? **YES No**

IF YES, WHO?

WHERE?

ARE YOU PREPARED AND ABLE TO TRAVEL/WORK TEMPORARILY OUTSIDE OF AUCKLAND IF THE NEED ARISES? **YES No**

DO YOU HAVE A CURRENT PASSPORT? **YES No**

ARE THERE ANY COUNTRIES TO WHICH YOU MAY BE (OR HAVE BEEN) REFUSED ENTRY? **YES No**

IF YES, PLEASE GIVE DETAILS;

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DO YOU CONSENT TO THE COMPAC GROUP RETAINING THE INFORMATION CONTAINED IN THIS APPLICATION FORM FOR THE PURPOSE OF CONSIDERING YOUR SUITABILITY FOR ANY OTHER POSITION WHICH MAY ARISE WITH THIS COMPANY IN THE FUTURE?

Yes **No**

DECLARATION:

I, (FULL NAME)
DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED IN THIS APPLICATION AND ANY RESUME ENCLOSED IS ACCURATE AND I UNDERSTAND THAT IF ANY FALSE OR MISLEADING INFORMATION IS GIVEN, OR ANY MATERIAL FACT SUPPRESSED, I WILL NOT BE EMPLOYED, OR IF I AM EMPLOYED, MY EMPLOYMENT WILL BE TERMINATED.

I ALSO UNDERSTAND THAT ANY FALSE INFORMATION GIVEN IN RELATION TO MY MEDICAL HISTORY WITH REGARDS TO GRADUAL PROCESS, DISEASE OR INFECTION CAN RESULT IN MY LOSS OF ENTITLEMENT FOR ANY COMPENSATION FROM ACC.

SIGNED: **DATE:**

REFERENCE CONSENT:

I, (FULL NAME)
CONSENT TO COMPAC SORTING EQUIPMENT LTD SEEKING VERBAL OR WRITTEN INFORMATION ON A CONFIDENTIAL BASIS ABOUT ME FROM REPRESENTATIVES OF MY PREVIOUS EMPLOYERS AND/OR REFEREES AND AUTHORISE THE INFORMATION SOUGHT TO BE RELEASED BY THEM TO COMPAC GROUP FOR THE PURPOSES OF ASCERTAINING MY SUITABILITY FOR THE POSITION FOR WHICH I AM APPLYING. I UNDERSTAND THAT THE INFORMATION RECEIVED BY COMPAC GROUP IS SUPPLIED IN CONFIDENCE AS EVALUATIVE MATERIAL AND WILL NOT BE DISCLOSED TO ME.

IF YES SIGN: **DATE:**