

<b>Application for Employment - CONFIDENTIAL</b>	EMP013
Version 1.0	March 2021



**NB: The completion of this form does not indicate that there is any obligation on Aroma NZ Ltd to employ the applicant**  
 This information is collected for the purpose of assessing your suitability for employment at Aroma NZ Ltd which may include subsequent changes of role within the company. Do you give permission for us to retain your information on file?

YES  NO

ROLE APPLIED FOR:			
LOCATION:		DATE:	

PERSONAL INFORMATION			
LAST NAME:		FIRST NAME:	
ADDRESS:		DATE OF BIRTH:	
		EMAIL:	
CELL PH:		HOME PH:	

EMPLOYMENT HISTORY			
MOST RECENT EMPLOYER:			
POSITION:		FROM:	To:
KEY RESPONSIBILITIES:			
REASON FOR LEAVING:			
HOURS PER WEEK:		PERM/CASUAL:	
SUPERVISOR/MANAGER:		CONTACT NO:	
Do you give consent to Aroma NZ Ltd contacting for the purpose of a reference check?			<input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS EMPLOYER:			
POSITION:		FROM:	To:
KEY RESPONSIBILITIES:			
REASON FOR LEAVING:			
HOURS PER WEEK:		PERM/CASUAL:	
SUPERVISOR/MANAGER:		CONTACT NO:	
Do you give consent to Aroma NZ Ltd contacting for the purpose of a reference check?			<input type="checkbox"/> YES <input type="checkbox"/> NO

HAVE YOU WORKED FOR AROMA NZ LTD PREVIOUSLY?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
POSITION:		FROM:	To:
KEY RESPONSIBILITIES:			
REASON FOR LEAVING:			

OTHER SECONDARY EMPLOYMENT OR SIMILAR EXPERIENCE THAT IS RELEVANT TO THIS APPLICATION:

EDUCATION AND TRAINING			
TERTIARY PROVIDER:			
CERTIFICATION / COURSE:		DATE COMPLETED:	
QUALIFICATIONS GAINED:			
Do you give consent to Aroma NZ Ltd contacting the tertiary provider to verify the information provided of your qualifications and training history?			<input type="checkbox"/> YES <input type="checkbox"/> NO

SECONDARY SCHOOL ATTENDED:			
SUBJECTS STUDIED:		YEAR LEFT: (EG 11,12)	
QUALIFICATIONS GAINED:			
Do you give consent to Aroma NZ Ltd contacting the tertiary provider to verify the information provided of your qualifications and training history?			<input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER EDUCATION OR INSTITUTION:			
CERTIFICATION / COURSE:		DATE COMPLETED	
QUALIFICATIONS GAINED:			
Do you give consent to Aroma NZ Ltd contacting the tertiary provider to verify the information provided of your qualifications and training history?			<input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER OCCUPATIONAL, TRADE OR PROFESSIONAL TRAINING, EXPERIENCE AND / OR QUALIFICATIONS, RELEVANT TO THE ROLE APPLIED FOR (INCLUDE RELEVANT MEMBERSHIPS OF BUSINESS, PROFESSIONAL OR EMPLOYEE ASSOCIATIONS AND VOLUNTARY WORK).

RIGHT TO WORK IN NEW ZEALAND	
DO YOU NEED A WORK PERMIT TO WORK IN NEW ZEALAND?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE NOTE THE TYPE OF VISA YOU HOLD AND DATE OF EXPIRY OF THIS PERMIT: (PLEASE ATTACH COPY OF VISA TO THIS APPLICATION)	

GENERAL	
HAS ANY PROFESSIONAL BODY TAKEN ANY DISCIPLINARY ACTION AGAINST YOU IN THE PAST OR IS THERE ANY ACTION PENDING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WERE YOU REFERRED OR DO YOU KNOW ANY MEMBERS OF AROMA NZ LTD STAFF? PLEASE NAME.	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHAT IS YOUR RELATIONSHIP TO THAT STAFF MEMBER?	
ARE YOU PREPARED TO WORK OVERTIME WHEN REQUIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO
DRIVERS LICENSE LEVEL HELD?	
DRIVERS LICENSE NUMBER	
DRIVER LICENSE ENDORSEMENTS / OSH FORKLIFT LICENSE & EXPIRY	
WHAT TRANSPORT ARRANGEMENTS DO YOU HAVE TO ATTEND YOUR PLACE OF WORK?	
IF YOUR APPLICATION IS ACCEPTED, WHAT DATE COULD YOU COMMENCE WORK?	

<b>HEALTH INFORMATION</b>	
DO YOU HAVE, OR HAVE YOU HAD, ANY INJURY OR MEDICAL CONDITIONS CAUSED BY GRADUAL PROCESS, DISEASE OR INFECTION WHICH MIGHT BE AGGRAVATED BY THE REQUIREMENTS OF THIS POSITION OR PREVENT YOUR CARRYING OUT ITS RESPONSIBILITIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HEARING LOSS	<input type="checkbox"/> YES <input type="checkbox"/> NO
SENSITIVITY TO CHEMICALS	<input type="checkbox"/> YES <input type="checkbox"/> NO
OCCUPATIONAL OVERUSE SYNDROME	<input type="checkbox"/> YES <input type="checkbox"/> NO
BACK INJURY OR STRAIN	<input type="checkbox"/> YES <input type="checkbox"/> NO
ASTHMA	<input type="checkbox"/> YES <input type="checkbox"/> NO
DIABETES	<input type="checkbox"/> YES <input type="checkbox"/> NO
ALLERGIES	<input type="checkbox"/> YES <input type="checkbox"/> NO
STRESS RELATED CONDITIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO
CORRECTIVE LENSES	<input type="checkbox"/> YES <input type="checkbox"/> NO
PRESCRIPTION MEDICATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE, PLEASE PROVIDE FURTHER DETAILS, INCLUDING LIST OF ANY OR ALL MEDICATIONS:	
PLEASE INDICATE ANY INJURY OR ILLNESS YOU HAVE SUFFERED THAT MAY AFFECT YOUR ABILITY TO EFFECTIVELY CARRY OUT THE FUNCTIONS AND RESPONSIBILITIES OF THE POSITION APPLIED FOR	
DO YOU KNOW OF ANY OTHER REASON THAT WOULD PREVENT YOU FROM PERFORMING THE ROLE THAT YOU HAVE APPLIED FOR? E.G. MENTAL HEALTH OR RESPONSIBILITY FOR OTHERS THAT MAY IMPACT RELIABILITY	
I CONSENT TO AROMA NZ SEEKING VERBAL OR WRITTEN INFORMATION FROM ACC ON ANY OF MY PAST RECORDS AND AUTHORISE THE INFORMATION SOUGHT TO BE RELEASED?	<input type="checkbox"/> YES <input type="checkbox"/> NO

*Aroma NZ Ltd is committed to a drug and alcohol-free workplace. The successful applicant may be required to undergo pre-employment drug and alcohol testing.*

DO YOU AGREE TO BE TESTED IF REQUIRED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE	DATE

## CRIMINAL HISTORY

HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENCE?

YES  NO

IF YES, PLEASE PROVIDE DETAILS:

ARE YOU AWAITING THE HEARING OF CHARGES IN A CIVIL OR CRIMINAL COURT OF LAW?

YES  NO

IF YES, PLEASE PROVIDE DETAILS:

HAVE YOU BEEN CONVICTED OF ANY DRIVING OFFENCE?

YES  NO

IF YES, PLEASE PROVIDE DETAILS:

Do you give consent to Aroma NZ Ltd conducting a police check and obtaining a list of any previous convictions you may have incurred?

YES  NO

## DECLARATION

I (FULL NAME) \_\_\_\_\_ DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE ANSWERS IN THIS APPLICATION ARE CORRECT, AND I UNDERSTAND THAT IF ANY FALSE OR DELIBERATELY MISLEADING INFORMATION IS GIVEN, OR ANY MATERIAL FACT SUPPRESSED, I WILL NOT BE ACCEPTED, OR IF I AM EMPLOYED, MY EMPLOYMENT WILL BE TERMINATED. I ALSO UNDERSTAND THAT ANY FALSE INFORMATION GIVEN IN RELATIONS TO ANY MEDICAL HISTORY MAY RESULT IN MY LOSS OF ENTITLEMENT FOR ANY COMPENSATION FROM ACC.

SIGNATURE

DATE

The information you provide will be used by authorised employees to consider your suitability for the position you have applied for. Please send this completed application form, along with your Curriculum Vitae / Cover Letter by email to: [hr@aromanz.com](mailto:hr@aromanz.com)