

PAGANI

APPLICATION FOR EMPLOYMENT

Branch Name:

Report Requested by:

POSITION APPLIED FOR: _____ PART-TIME FULL-TIME

DATE: _____

TITLE: MR / MRS / MISS / MS / OTHER (Please specify) _____

FIRST NAME: _____

LAST NAME: _____

PREFERRED NAME: _____

PRESENT ADDRESS: _____

PHONE NUMBER: _____ POST CODE: _____

_____ (HOME)

_____ (MOBILE)

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

ARE YOU OR HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME(S)? e.g. Maiden Name

If YES, please detail:

WHEN WOULD YOU BE AVAILABLE TO START? _____

STARTING SALARY/WAGE EXPECTED? _____

HOW DID YOU FIND OUT ABOUT THIS VACANCY? _____

OTHER QUALIFICATIONS:

LEGAL WORK STATUS:

ARE YOU LEGALLY AUTHORISED TO WORK IN NEW ZEALAND? YES / NO

AS: A New Zealand Citizen?

A permanent resident?

A holder of a current work permit?

KIWISAVER:

ARE YOU CURRENTLY ENROLLED IN A KIWISAVER SCHEME: YES / NO

IF "YES", CAN YOU PLEASE CIRCLE YOUR CONTRIBUTION RATE : 2% / 4% / 8%

DRIVERS LICENSE:

DO YOU HOLD A CURRENT NZ DRIVERS LICENSE? YES / NO

DRIVERS LICENSE NO.: _____

VERSION (5b. on License): _____

CLASSES ON YOUR LICENSE (7. on License): _____

DO ANY SPECIAL CONDITIONS APPLY TO YOUR LICENSE? YES / NO

HAVE YOU EVER BEEN DISQUALIFIED FROM DRIVING? YES / NO

DO YOU HAVE ANY CURRENT DEMERIT POINTS AGAINST YOUR LICENSE? YES / NO

If you answered YES to any of the above questions, please give details:

DO YOU HAVE YOUR OWN CAR FOR TRANSPORT? YES / NO

EMPLOYMENT DETAILS: (Start with most recent employer & work backwards)

EMPLOYER: _____

POSITION HELD: _____

DATE STARTED: _____

DATE FINISHED: _____

PAY RATE: _____

KEY DUTIES & RESPONSIBILITIES:

REASON FOR LEAVING:

EMPLOYER: _____

POSITION HELD: _____

DATE STARTED: _____

DATE FINISHED: _____

PAY RATE: _____

KEY DUTIES & RESPONSIBILITIES:

REASON FOR LEAVING:

DO YOU HAVE ANY SECONDARY EMPLOYMENT?

YES / NO

If YES, please detail:

GENERAL QUESTIONS (PART I):

HAVE YOU WORKED ROSTERS BEFORE?

YES / NO

ARE YOU PREPARED TO WORK AS AND WHERE DIRECTED?

YES / NO

ARE YOU PREPARED TO ABIDE BY SAFETY AND WORK RULES?

YES / NO

HAVE YOU EVER BEEN EMPLOYED BY PAGANI?

YES / NO

If YES, when?

If YES, where?

HAVE YOU EVER APPLIED FOR A POSITION AT PAGANI BEFORE NOW?

YES / NO

If YES, when?

If YES, where?

DO YOU HAVE ANY RELATIVES OR ACQUAINTANCES EMPLOYED BY PAGANI?

YES / NO

If YES, where?

GENERAL QUESTIONS (PART II):

HAVE YOU HAD YOUR NAME CHANGED BY STATUTORY DECLARATION?

YES / NO

ARE YOU AWAITING ANY COURT APPEARANCES?

YES / NO

HAVE YOU EVER RECEIVED DIVERSION?

YES / NO

HAVE YOU EVER BEEN DISCIPLINED OR DISMISSED FROM EMPLOYMENT FOR:

DISHONESTY OR UNAUTHORISED POSSESSION OF COMPANY PROPERTY?

YES / NO

HARASSMENT?

YES / NO

ASSAULT OR FIGHTING?

YES / NO

ALCOHOL OR SUBSTANCE ABUSE?

YES / NO

VIOLATING HEALTH & SAFETY RULES?

YES / NO

If you answered YES to any of the above questions, please give details:

CLEAN SLATE ACT QUESTIONS:

HAVE YOU BEEN CONVICTED OF A CRIME IN THE LAST 7 YEARS?

YES / NO

HAVE YOU EVER RECEIVED A CUSTODIAL¹ SENTENCE?

YES / NO

HAVE YOU EVER HAD AN ORDER AFTER CONVICTION REQUIRING DETENTION IN A HOSPITAL?

YES / NO

HAVE YOU BEEN DISQUALIFIED INDEFINITELY FROM DRIVING ORDERED BY A COURT?

YES / NO

DO YOU HAVE ANY OUTSTANDING FINES OR REPARATION ORDERED BY A COURT?

YES / NO

If you answered YES to any of the above questions, then you are not eligible to conceal criminal and traffic convictions under the Clean Slate Act, please provide details:

Please note: Conviction of a crime is not automatic disqualification for employment. Factors such as age at the time of the offence, remoteness of the offence in time, and rehabilitation will be taken into account in determining the effect on suitability for this position.

¹ **Custodial Sentence** means a sentence of imprisonment, and includes corrective training, preventative detention, home detention, borstal training, detention centre training or any other sentence that requires the full time detention of an individual.

MEDICAL HISTORY:

If you are offered employment the offer may be subject to your obtaining a full medical clearance (by completion of a medical examination) to assess your fitness for the job which you are applying.

DO YOU CONSENT TO UNDERGO A MEDICAL EXAMINATION IF YOU ARE OFFERED EMPLOYMENT? YES / NO

DO YOU HAVE A HEALTH PROBLEM OR DISABILITY, WHICH MAY AFFECT YOUR ABILITY TO CARRY OUT THE POSITION? SUCH AS: HEART CONDITION, HIGH BLOOD PRESSURE, ASTHMA, HEARING CONDITION, SKIN CONDITION, DIABETES, HERNIA, FITS/BLACKOUTS, ALLERGIES, BACK INJURIES/STRAINS. YES / NO

If YES, please describe the health problem or disability:

DO YOU HAVE A HEARING DISABILITY? YES / NO
DO YOU REQUIRE CORRECTIVE LENSES OR CONTACT LENSES TO DRIVE, READ OR USE A COMPUTER? YES / NO

HOW MANY DAYS ABSENCE CLAIMED DUE TO SICKNESS IN THE LAST YEAR? *(Circle applicable)*
0-5 DAYS
6-10 DAYS
10-15 DAYS
OVER 16 DAYS

HAVE YOU SUFFERED ANY INJURY THAT RESULTED IN YOU TAKING TIME OFF WORK? YES / NO

If YES, please detail:

HAVE YOU MADE ANY CLAIM TO ACC OR AN EMPLOYER, FOR ANY INJURY, ILLNESS OR CONDITON? YES / NO

If YES, please detail:

ARE YOU A SMOKER? YES / NO

REFERENCE CHECKS

Company: _____
Contact Person: _____
Phone No.: _____
Contact Persons Position Held: _____

Company: _____
Contact Person: _____
Phone No.: _____
Contact Persons Position Held: _____

Company: _____
Contact Person: _____
Phone No.: _____
Contact Persons Position Held: _____

In the event my application for this position is not successful, I consent to the company exercising its discretion to retain my details for the purpose of considering me for future positions within the company unless I specifically request return of the information.

I authorize Pagani to obtain references relating to my credit history from any source at any time prior to or during my employment with Pagani.

I authorise Pagani to disclose to any third party, details of this application.

I authorise Pagani at any time prior to or during my employment with Pagani to contact any of my past or present employers and/or references.

I understand that my application is subject to an unpaid pre-employment trial of approximately 3 hours. I also understand that this unpaid pre-employment trial does not equate to a job offer. My trial will take place on the following date:

_____ TO _____
DATE FROM TILL

By signing below I agree and understand that all statements and information (whether contained in this Application and Security Clearance form or otherwise) I have given are correct and no attempt has been made to conceal or withhold pertinent or material information. You agree that if any false or deliberately misleading information is given or any material fact is suppressed, you may not be accepted for employment, or if you are employed, your employment may be terminated. You also understand that any false information given in relation to your medical history may result in loss of entitlement to any compensation from ACC.

I have read this document, including the Privacy Statement above, and the information I have provided is true and correct.

Signed: _____

Date: _____

The above information will be used to assess your stability, eligibility and qualifications for employment. If you would like to exercise your rights under the Privacy Act 1993 to request the return or correction of any personal details held about you by Pagani, please contact staff@pagani.co.nz or Pagani Support Centre, 7 Drury Street, New Lynn, Auckland.

INFORMED CONSENT TO RELEASE PERSONAL INFORMATION

Pagani Clothing Ltd – Fax (09) 8349067

Ver 08/2008

First Name:	
Middle Name:	
Surname:	
Date of Birth:	
Country of Birth:	
Current Address:	
Post Code:	
Previous Address:	
Drivers Licence Number : (5a on Licence)	
Drivers Licence Version Number : (5b on Licence)	
Phone Number:	
Mobile Number:	
Position Applied:	

I, the undersigned, authorise Pagani Clothing Limited and its duly authorised agents, to collect, retain and disclose personal information about me in accordance with the following:

1. Any personal information that is collected and retained by Pagani Clothing Limited and subsequently disclosed by Pagani Clothing Limited (as set out below) will only be used for the sole purpose of evaluating my suitability for employment with the Company and any company or organisation that I apply for employment with in the future.

2. The information collected may include all or any of the following:

- Details of previous traffic and criminal convictions;
- Confirmation of identity;
- Employment history;
- Educational qualifications;
- Credit record;
- Referees as to character and suitability for employment;
- Work permit status;
- Accident Compensation claims History;
- Tenancy History

3. Information may be collected from all or any of the following agencies:

- Police;
- Baycorp / Veda / Advantage
- LTSA;
- Department of Courts;
- Work and Income New Zealand;
- Accident Compensation Corporation;
- New Zealand Immigration Service;
- Educational Institutions;

and such other sources which may hold necessary information including, but not limited to, referees, current and previous employers and individuals or organisations with which I am or have been associated.
The Company is registered with Driver Check, therefore applicants must be aware that their name/licence details can be added to the Operator List so that the Company can be notified of any status changes on an ongoing basis. ACC information is to determine if there are injuries which may prevent you undertaking certain tasks.
As part of the Credit check you give the consumers information to Baycorp / Veda Advantage. Baycorp / Veda Advantage Collects that information and uses it to update its credit reporting database for use by other credit providers.

4. The information will be disclosed to the Company named above and only used by it for the sole purpose of evaluating my suitability for employment with the Company.

5. The information will also be collected and retained indefinitely by Pagani Clothing Limited, and used and disclosed by Pagani Clothing Limited to any company or organisation that I apply for employment with in the future, if that company or organisation requests Pagani Clothing Limited to disclose the information to it. That company or organisation will only use the information for the sole purpose of evaluating my suitability for employment with it.

6. If I am offered and accept employment with the Company, but I am subsequently found by the Company to have committed an act of dishonesty in my employment with the Company, or I am dismissed by the Company for serious misconduct (the "Incident"), then I authorise the Company to disclose to Pagani Clothing Limited, and Pagani Clothing Limited to collect and retain, details of the Incident. I also authorise Pagani Clothing Limited to disclose details of the Incident to any company or organisation that I apply for employment with in the future, if that company or organisation requests Pagani Clothing Limited to disclose the information to it. That company or organisation will only use the information for the sole purpose of evaluating my suitability for employment with it.

7. I may obtain access to (and request the correction of) any information about me that is held by Pagani Clothing Limited (PO Box 83196, Edmonton, Auckland, Ph 09 8349067), at any time, subject to any right that Pagani Clothing Limited has to refuse me access on the grounds that the information constitutes "evaluative material" (as defined in the Privacy Act 1993) or as otherwise provided for by the Privacy Act 1993.

8. I, the undersigned, authorise Pagani Clothing Limited, 7 Drury Street, New Lynn, Auckland, to obtain a copy of my ACC claims history.

I understand that in order that my privacy be protected, that Pagani Clothing Limited will use this information ONLY to aid in evaluating my suitability for employment with Pagani Clothing Limited and for no other purpose.

I understand that once this purpose has been fulfilled that Pagani Clothing Limited will destroy their copy of my claims information.

I understand that ACC will forward to me a copy of my claims history also.

Signed: _____

Dated: _____



Privacy Unit
 Ministry of Justice
 National Office
 P O Box 2750
 WELLINGTON

For Office Use Only

MoJ Request Number

REQUEST BY THIRD PARTY UNDER THE OFFICIAL INFORMATION ACT 1982 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE 'S COMPUTER SYSTEMS

SECTION 1: SUBJECT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY

I hereby authorise the Privacy Unit, Ministry of Justice, to release a copy of my personal information, to the undersigned Third Party, for the purpose of:

Pre-employment vetting

Insurance Claims vetting

Other (specify)

Tick the report required:

All convictions report Traffic Convictions Report

Signature of subject and date

I wish to receive a copy of the information provided to the Third party.

Yes / No

SECTION 2: THIRD PARTY DETAILS

Third Party Name Details

Full Name of Third Party

Full name and address of the person or agency the third party is acting for (if applicable)

Third Party Reference Number (if applicable)

Third Party Address Details

P.O. Box or Street Address

Suburb

City

State / Province

Post Code

Country

Signature of Third Party

The term "subject" refers to the person whose criminal convictions is being requested.

The term "third party" refers to the requestor or ultimate intended recipient, such as an employer, insurance company, credit agency et cetera.

The Ministry of Justice will process this request as soon as is reasonably practicable, and in any case no later than 20 working days from receipt of this application.

This application and associated letters and reports will be disposed of three months after processing the response.

Personal Details

Surname	First Name	Middle Names (separate by comma)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY)	Place of Birth	Gender (Male / Female)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Names - Maiden Name, Aliases

Surname	First Name	Middle Names (separate by comma)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address

P.O. Box or Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

Current Residential Address

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>
Daytime Phone Number	<input type="text"/>
Home Phone Number	<input type="text"/>
Fax Number	<input type="text"/>

Previous Two Residential Addresses

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

Subject's Identification

Please attach a photocopy of the subject's identification. The identification may be a Driver Licence OR if subject does not hold a driver licence, a Passport. If subject has neither, the subject will need to complete Section 4.

Driver Licence

Passport

SECTION 4: PROOF OF IDENTITY

ONLY TO BE COMPLETED IF SUBJECT DOES NOT HAVE A DRIVER LICENCE OR PASSPORT

Subject to ask someone who can confirm their identity to fill in this section

The person who identifies subject must:

- have known subject for more than 12 months
- be aged 18 years or over
- have a day time phone number
- not be a relative
- not live at the same address
- be contactable during normal business hours

Surname

First Name

Middle Names (separate by comma)

Street Address

Daytime Phone Number

Suburb

Home Phone Number

City

State / Province

Fax Number

Post Code

Country

I declare that I have personally known:

Surname

First Name

Middle Names (separate by comma)

Signature of identifier

for years and vouch for his/her identity

If subject is unable to get someone to complete Section 4, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Privacy Unit on 04 918 8800.