

APPLICATION FOR EMPLOYMENT

PERSONAL DETAILS

Date of application _____

First Name: _____ Last Name: _____

Other Given Names: _____ Date of birth _____

Current Address: _____

Town/City: _____

Post Code: _____ Home Phone: _____ Mobile Phone: _____

Email: _____

POSITION APPLYING FOR (if more than one, please indicate preference):

- | | | | |
|---------------------------------------|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Truck Driver | <input type="checkbox"/> Management | <input type="checkbox"/> Administration | <input type="checkbox"/> Full Time |
| <input type="checkbox"/> Other | | | <input type="checkbox"/> Part-time |
| | | | <input type="checkbox"/> Casual |
| | | | <input type="checkbox"/> Fixed Term |
| | | | <input type="checkbox"/> Contract |
- If other, please specify: _____

Location Applying for: _____

If successful, when are you available to commence work? _____

RELEVANT QUALIFICATIONS/LICENCES (list licenses, classes, endorsements e.g. forklift, "I" etc):

Type and/or Class	License/Authority	Special Conditions	Expiry Date	Years Held										
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Truck / Trailer Experience? YES / NO</td> <td style="width: 50%;">Number of years: _____</td> </tr> <tr> <td>B Train Experience? YES / NO</td> <td>Number of years: _____</td> </tr> <tr> <td>Semi / Articulated Experience? YES / NO</td> <td>Number of years: _____</td> </tr> <tr> <td>Refridgerated? YES / NO</td> <td>Number of years: _____</td> </tr> <tr> <td>Curtainsider? YES / NO</td> <td>Number of years: _____</td> </tr> </table>					Truck / Trailer Experience? YES / NO	Number of years: _____	B Train Experience? YES / NO	Number of years: _____	Semi / Articulated Experience? YES / NO	Number of years: _____	Refridgerated? YES / NO	Number of years: _____	Curtainsider? YES / NO	Number of years: _____
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Refridgerated? YES / NO	Number of years: _____													
Curtainsider? YES / NO	Number of years: _____													

***PLEASE ENSURE 2 COPIES OF YOUR DRIVER'S LICENCE IS ATTACHED.**

EMPLOYMENT HISTORY (List your past 3 positions with the most recent first and attach your Curriculum Vitae):

	Employer Name	Position Held	Period of Employment	Reason for Leaving
1				
2				
3				

REFEREES (Please list 3 professional referees, preferably from your most recent jobs, which will provide work related references and for whom you give permission for the company to contact):

	Referee Name	Contact Phone Number	Referee's Position Title	Your relationship with this person? Manager/Supervisor/ Team Leader	Were they your immediate boss?
1					
2					
3					

Have you ever worked for Longchill Ltd before? Yes No

If yes, please provide details (dates, positions, reason for leaving)

Do you have any relatives or know anyone who currently works for Longchill Ltd? Yes No

If yes, please provide details _____

Are you legally entitled to work in New Zealand? Yes No

Do you have a work permit? Yes No

If yes, it will be necessary to produce your passport and any work permits before any potential employment is offered with us.

DRIVING RECORD

Please note: Any employee may be charged with the responsibility of operating a company vehicle.

License Number: _____ Expiry Date: _____

Class: _____ Version _____

Have you ever been charged with drug or alcohol driving related offences? Yes No

Have you been convicted of a traffic offence? (Excluding parking offences) Yes No

If yes, please explain:

Human Resources – Application for Employment

Have you ever had any license or permit suspended or revoked? Yes No

Have you ever been involved in a vehicle accident? Yes No

Have you ever been at fault in a road accident? Yes No

If answered “yes” to any of the above, please explain:

Please note: If you have been involved in any vehicle accidents, please detail any for the past 5 years

Do you have any demerit points or conditions on your license? Yes No

Do you have any cases pending? Yes No

If yes, give details:

Do you agree to a TORO check being completed on your license? Yes No

If no, please give us an alternative.

As trust is an important aspect of any role with Longchill LTD please advise if you:

- (a) Have ever been convicted of any criminal offence;
- (b) Are subject to any present criminal investigation or prosecution and;
- (c) Have ever been sentenced to imprisonment.

(Please note that under the Criminal Records (Clean Slate) Act 2004, you are not required to disclose certain offences.)

We understand and respect an applicant’s right to privacy and this information will only be used for the purpose of determining whether an applicant is suitable for employment.

If yes, please outline what convictions you have or are pending, and any comments on these you wish to make to support your application for employment with us:

APPLICANT DECLARATION

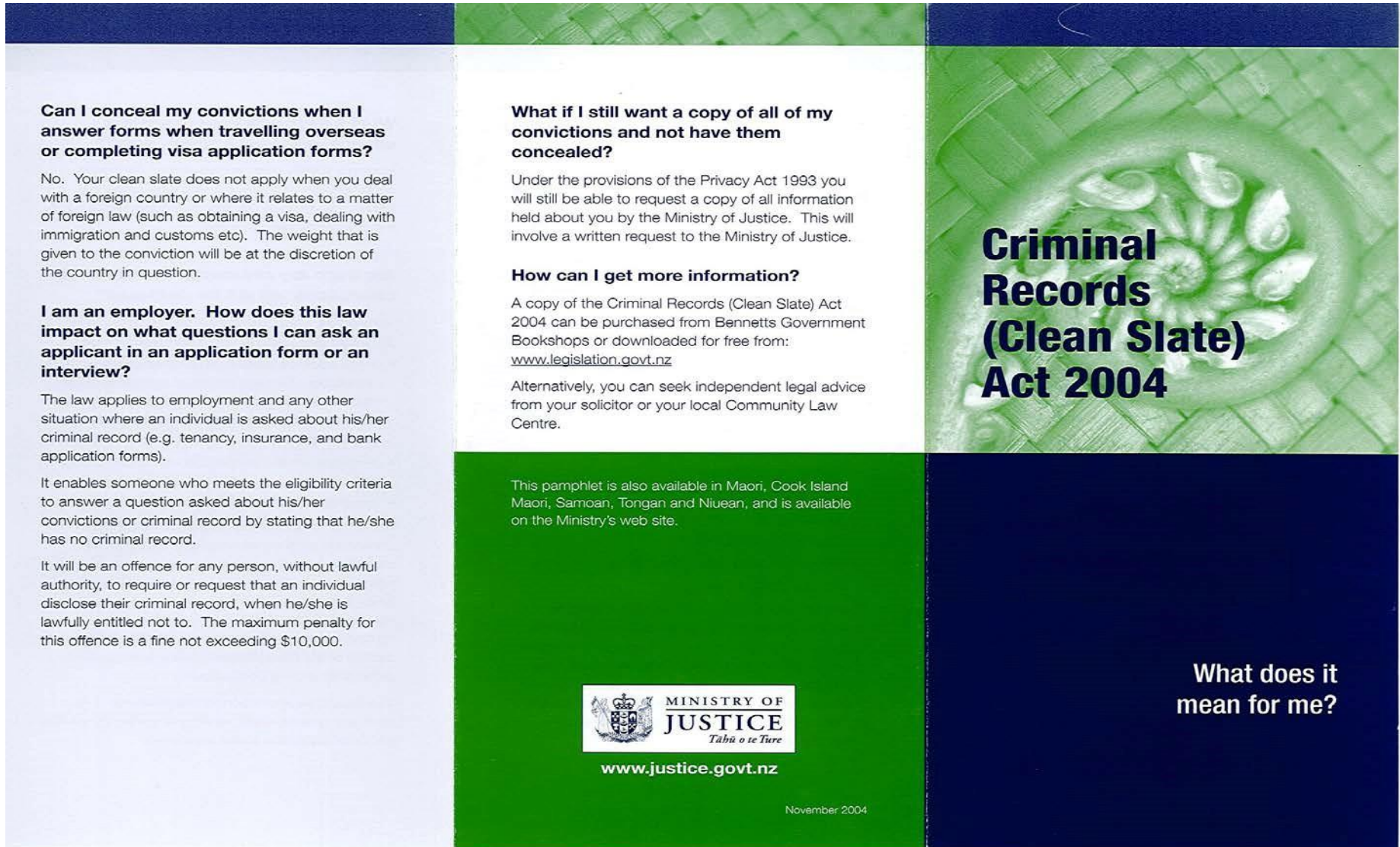
I, _____ **declare and authorise the following information:**

- If my application is unsuccessful, I consent to the company retaining the information contained in this application form for a period of 12 months for the purpose of considering suitability for any other position that may arise with this company in the future.
- I accept by completing the relevant recruitment documentation, it does not imply any employment relationship with Longchill Ltd.
- I accept that if the company is not satisfied with the results from the following pre-employment checks and any relevant personal information, which is provided/obtained during the recruitment process, I may not be offered employment:
 - Reference Check
 - Pre-employment drug testing
 - Health assessment (where relevant to your ability to perform the position)
 - ACC Vetting Form
 - Criminal history and check
 - TORO Check
- I consent to the company conducting the above tests and checks and contacting any referees that I have provided. I agree that I will pay for any medical, I agree to attend, but ultimately not attended by my choosing.
- I do not have any commitments which may prevent me from undertaking my role with Longchill Ltd and no other commitments that may affect me working during the hours of work required.

If there are commitments, please provide details:

I declare that the answers to the questions in this application, and any further information I may provide during the recruitment process, are true and correct and provide a balanced and complete view of the details relevant to my suitability for employment with Longchill Ltd. I understand that any incorrect, misleading or omitted material information may disqualify me from appointment, or if appointed, that my employment with the company may be terminated.

Name: _____ Signature: _____ Date: _____



Can I conceal my convictions when I answer forms when travelling overseas or completing visa application forms?

No. Your clean slate does not apply when you deal with a foreign country or where it relates to a matter of foreign law (such as obtaining a visa, dealing with immigration and customs etc). The weight that is given to the conviction will be at the discretion of the country in question.

I am an employer. How does this law impact on what questions I can ask an applicant in an application form or an interview?

The law applies to employment and any other situation where an individual is asked about his/her criminal record (e.g. tenancy, insurance, and bank application forms).

It enables someone who meets the eligibility criteria to answer a question asked about his/her convictions or criminal record by stating that he/she has no criminal record.

It will be an offence for any person, without lawful authority, to require or request that an individual disclose their criminal record, when he/she is lawfully entitled not to. The maximum penalty for this offence is a fine not exceeding \$10,000.

What if I still want a copy of all of my convictions and not have them concealed?

Under the provisions of the Privacy Act 1993 you will still be able to request a copy of all information held about you by the Ministry of Justice. This will involve a written request to the Ministry of Justice.

How can I get more information?


A copy of the Criminal Records (Clean Slate) Act 2004 can be purchased from Bennetts Government Bookshops or downloaded for free from: www.legislation.govt.nz

Alternatively, you can seek independent legal advice from your solicitor or your local Community Law Centre.

This pamphlet is also available in Maori, Cook Island Maori, Samoan, Tongan and Niuean, and is available on the Ministry's web site.

Criminal Records (Clean Slate) Act 2004

What does it mean for me?



MINISTRY OF JUSTICE
Tāhū o te Ture

www.justice.govt.nz

November 2004

What does this law do?

The “clean slate” law will help you put your past behind you by giving you the right, in some circumstances, to withhold information about your convictions. To do so, you will have to meet a range of conditions to do with your conviction history. However, youth court outcomes, infringements, and overseas convictions are not “convictions” under the clean slate scheme, so will not be included when weighing up whether you qualify for a “clean slate”.

The Criminal Records (Clean Slate) Act 2004 will apply from 29 November 2004.

What conditions do I have to meet?

You must meet all conditions in Section 7 of the Act (a summary is set out below) before your convictions can be withheld. The Act should be consulted for full information.

You must have:

- no convictions within the last 7 years;
- never been sentenced to a custodial sentence e.g. imprisonment, corrective training, borstal;
- never been ordered by a Court following a criminal case to be detained in a hospital due to your mental condition, instead of being sentenced;
- not been convicted of a “specified offence” (e.g. sexual offending against children and young people or the mentally impaired);
- paid in full any fine, reparation, or costs ordered by the Court in a criminal case;

- never been indefinitely disqualified from driving under section 65 Land Transport Act 1998 or earlier equivalent provision.

How will I know if I meet the conditions?

The Act creates an automatic scheme – therefore, it will not be necessary to apply for a “clean slate”.

Once it comes into force, you can request a copy of your criminal record from the Privacy Assistant of the Ministry of Justice to see if you meet the conditions. If you are eligible under the scheme your convictions will be concealed. If your convictions remain on your criminal record, you do not meet the eligibility conditions.

You can get information about obtaining a copy of your criminal record and an application form from:

- (a) the Ministry of Justice website – www.justice.govt.nz
- (b) your local court; or
- (c) by writing to:

The Privacy Assistant
Ministry of Justice, National Office
PO Box 2750, Wellington

There are two situations where people who do not meet the criteria can apply to the Court to have a conviction disregarded: where there is a conviction for an offence that has been decriminalised; where a non-custodial sentence was imposed for a “specified offence”. You should seek legal advice about whether you can make an application in these circumstances.

What if I am convicted of another offence after I get a “clean slate”?

Having a “clean slate” is based on meeting the conditions set out above: if you later break the conditions you lose the right to a “clean slate” until the conditions are again met.

Are there any circumstances where my convictions will still be disclosed?

Sometimes, your convictions can continue to be disclosed (see Section 19). Examples include:

- if you apply for certain types of employment (e.g. a member of Police, prison or probation officer, national security positions, a judge, or JP) or roles involving the care and protection of children (e.g. foster parent)
- investigation and prosecution of further offences; and
- criminal or civil proceedings.

Where an “employment” exception applies the application form should explicitly state that all convictions must be disclosed, regardless of whether you are eligible for a “clean slate” at the time. In these situations all convictions must be disclosed on the application form and if your criminal record is disclosed by either the Ministry of Justice or the New Zealand Police your complete criminal record will be disclosed.

You should seek independent legal advice if you have any queries about whether a particular role fits within an exception to the legislation.



Request for Criminal Conviction History – Third Party

Confidential when completed

REQUEST BY THIRD PARTY UNDER THE PRIVACY ACT 1993 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE'S COMPUTER SYSTEMS.



How to fill out this form and the definitions used in this form

1. You will have been provided this form by a third party* to complete
2. Complete all the questions from Step 2 on – start with "Your details"
3. Please write as neatly as possible
4. Send back to the third party for them to check and send off.

*Third party is the person, potential employer or recruitment agency who has requested the criminal conviction check and will be sent the results. (The third party must complete the front page of this form).

Step 1 Third party to complete this section

Third party name details

Full name of third party:

Full name of the person or organisation the third party **is acting for** (if applicable):

(i.e. the person or organisation who requested the third party to carry out a criminal conviction check).

Third party reference number (if applicable):

Third party return address details

Name of the person to return request information to:

PO Box or

Street Address:

Suburb:

Town/City:

State/Province:

Post Code:

Country:

Signature of third party:

OFFICE USE ONLY
MOJ REQUEST NUMBER

Step 2 Your details (please print)

Important: make sure the name and date of birth you write in here matches your Identification in Step 3

Your Personal Details

Surname: First name:

Middle names (separated by commas):

Date of birth: Male Female

Place of birth:

Telephone: Mobile:

Email:

Previous names – Maiden names, other names you are known as, or have used

Surname	First name	Middle names (separated by commas)
<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"/>

Your Postal Address

PO Box or Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Current residential address if different to postal address

Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Please list any other New Zealand addresses you have lived at in the last 10 years

Street address:

Suburb:

Town/City: Post Code:

Street address:

Suburb:


Town/City: Post Code:

Street address:

Suburb:

Town/City: Post Code:

Step 3 Your Identification

 **Please attach a legible photocopy of your identification which must contain your signature. This can be any one of the following:**

- New Zealand Driver Licence** – can be current or expired within the last 2 years, but cannot be cancelled, defaced or a temporary licence.
- New Zealand Passport** – can be current or expired within the last 2 years, but cannot be cancelled or defaced. Must show your signature.
- Overseas Passports** – must be current and cannot be expired, cancelled or defaced. Must show your signature.
- New Zealand Firearms Licence** – must be current and cannot be expired or defaced.
- If you do not have any of these forms of identification, you will need to complete Step 5.

Step 4 Your authority to release information to a third party

I authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my criminal convictions, subject to section 7 of the Criminal Records (Clean Slate) Act 2004, to the third party.

Tick the report required

Criminal and traffic convictions report Traffic convictions report

I want a copy of the information provided to the third party Yes No

Your signature:

Date:

Step 5 Proof of Identity

Only complete if you do not have a driver licence, passport or firearms licence

You will need to ask someone who can confirm your identity to fill in this section. If you are unable to get someone to complete Step 5, then you must complete a statutory declaration. The relevant form can be obtained from your local District Court or go to www.justice.govt.nz/services/criminal-records

The person who identifies you must:

- ✓ Have known you for more than 12 months
- ✓ Be aged 18 years or over
- ✓ Have a day time phone number and be contactable during normal business hours
- ✗ Not be a relative (a relative is a person connected by blood or marriage), and
- ✗ Not live at the same address.

Identifier to complete

Identifier's surname:

Identifier's first name:

Identifier's middle names (separated by commas):

PO Box or Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Telephone: Mobile:

Email:

I declare that I have personally known

Surname:

First name:

Middle names (separated by commas):

For years and vouch for their identity.

Signature of the identifier:

Checklist for the third party



Please ensure this form is fully completed to avoid processing delays.

Step 1: Third party contact name and address details are completed in full, otherwise we will return this request to the "individual" (person you sent the form to for completion).

Step 2: Contains individual's full name and date of birth.

Step 3: Copy of individual's identification is attached to this request; and, the signature on the identification matches the individual's signature in Step 4.

Step 4: The individual has authorised this request by signing and dating the form.

Step 5 (If applicable): Confirmation of the individual's identity if they do not have a valid identification.

Sending your form to the Ministry

Send this form and copy of identification to:

Criminal Records Unit, Ministry of Justice, National Office, SX 10161, Wellington.

Service standard

The Ministry of Justice will process this request within the agreed service delivery times in your contract with the Ministry of Justice. If you do not hold a contract with the Ministry of Justice, we will endeavour to process this request within 20 working days of the date we receive this completed application.

TORO Consent form

Certain transport organisations are required by law to maintain a register of drivers in their employment. The register must include details about their licence, and must be available for inspection by the NZ Transport Agency (NZTA) and the New Zealand Police. The NZTA has built an online register system to assist transport organisations to meet their legal commitments and manage their fleets.

(Organisation name) LONGCHILL LIMITED (referred to below as ‘we/us/our organisation’) has elected to maintain its register by using the NZTA website toro.nzta.govt.nz (TORO). The purpose of this form is to advise you of the information that the NZTA will supply to us for the purpose of maintaining the register and of who will have access to that information, and to obtain your consent for the NZTA to allow us to have access to your driver licence number and other information that is not publicly available from the Driver Licence Register, via the website.

1 *Release and use of personal information*

- 1.1 We must sight your original driver licence and take a copy of that licence.
- 1.2 We will use your name, date of birth, the driver licence number and version number from your driver licence by entering those details into TORO.
- 1.3 Information will be generated from the driver licence number, version number, name and date of birth (including licence status, endorsements and classes of licence held and their status, licence conditions – including those related to medical conditions that affect your ability to drive and any active – but not past – suspensions or disqualifications). We will use that information and information from your driver licence to maintain the register of drivers in our organisation.
- 1.4 We will receive notification automatically from the NZTA, and will hold that information on our register, if any of the following changes to your licence occur:
- the licence status changes (if the licence class or endorsement is expired, suspended, disqualified or revoked)
 - a Passenger endorsement is due to expire
 - any new medical conditions are added to the licence, or existing medical conditions are changed
 - a warning letter is issued because you have accrued 50 or more demerit points
 - a suspension letter is issued because you have accrued 100 or more demerit points.
- 1.5 You are not obliged by law to give us all the personal information that will be retained on TORO, and you are not obliged by law to consent to us obtaining that information from the NZTA. If you do not wish to provide your information for storage on TORO, please ask your manager for information about the alternatives (if any).

2 *Who can access information about you and for what purposes*

- 2.1 All information from your driver licence, as well as licence status, endorsements and classes of licence held and their status, licence conditions, demerit point information as specified in clause 1.4 and any active (but not past) suspensions or disqualifications will form part of the register maintained by our organisation and may be accessed and used by the following:
- our organisation
 - the NZTA (whether or not you consent)
 - New Zealand Police (whether or not you consent).

See over

Signature of authorised signatory of organisation	Signature of driver licence holder

TORO consent form continued

2.1 Note that the information on TORO may be used by any of the above organisations for the ^{cont} following purposes:

- for use by our organisation to maintain our register of drivers and to seek driver information for our own business purposes
- for use by the NZTA, including for auditing of our organisation and its licence holders to ensure compliance with legislation
- for use by the NZTA and the New Zealand Police for ensuring compliance with legislation, and enforcement purposes in relation to our organisation and you.

2.2 For further information regarding TORO, please see the ‘Terms of use’ on the TORO website toro.nzta.govt.nz.

3 Holding, correcting and updating

- 3.1 Any personal information that you provide is collected and held by the NZTA on the Driver Licence Register, and on TORO, on behalf of our organisation. Under the Privacy Act 1993, you have rights of access to and correction of any readily retrievable personal information that the NZTA or our organisation holds about you. The NZTA offers the ability to correct or change the information collected at any time and as often as necessary. The NZTA is obliged by s.199 of the Land Transport Act 1998 to keep certain personal information from the Driver Licence Register available on inquiry to members of the public. Should you wish to exercise these rights, please contact the NZ Transport Agency, Private Bag 11777, Manawatu Mail Centre, Palmerston North 4442 (email info@nzta.govt.nz) or contact us.
- 3.2 If you have any queries regarding the information held about you on TORO, you may alternatively contact the Privacy Officer at the NZ Transport Agency, PO Box 5245, Dunedin 9058 (email privacy@nzta.govt.nz).
- 3.3 For information about the Privacy Act 1993, please visit the website of the Privacy Commissioner, www.privacy.org.nz.

By signing this form, you consent without amendment or qualification to all of the above.

Dated this _____ day of _____, 20 ____.

Name:

Driver licence number:

--	--	--	--	--	--	--	--	--	--

Licence version number:

--	--	--

Note: we must verify the original copy of the driver licence by sighting your licence and taking a copy.

Signature of driver licence holder:

Signature of authorised signatory of organisation:

Note: the original of this signed form will be held by us and a copy will be given to you.

PRE EMPLOYMENT WORK RELATED MEDICAL HEALTH QUESTIONNAIRE

Please complete the following questionnaire as part of the pre-employment medical health assessment:

Have you suffered from or do you now suffer from any of the following:	YES	NO	Comment
▪ Heart diseases or surgery			
▪ Chest pain			
▪ High blood pressure			
▪ Deafness, loss of hearing ▪ Have you had a hearing test in the last 10 years?			
▪ Exposure to loud noise			
▪ Blackouts, fits of epilepsy			
▪ Diabetes			
▪ Back pain, sciatica, lumbago, slipped disk			
▪ Neck injury, whiplash			
▪ Sprains or strains to neck, shoulder, back, leg or arms			
▪ Allergies			
▪ Dermatitis, eczema, skin problems			
▪ Head injury, concussion			
▪ Hernia			
▪ Arthritis, rheumatism			
▪ Epileptic seizure			
▪ Psychiatric illness			
▪ RSI, tenosynovitis, overuse syndrome, wrist strain			
▪ Eyesight disorder or vision impairment ▪ Difficulty distinguishing colours ▪ Difficulty judging distance ▪ Do you require spectacles for Driving or Reading? Do you have a current driving license?			
Do you now or have you ever suffered from any of the following:	YES	NO	COMMENT
▪ Any operation on your chest (even as a child)			

▪ Any chest injuries			
▪ Tuberculosis (TB)			
▪ Heart disease			
▪ Asthma			
▪ Wheezy bronchitis			
▪ Bronchitis			
▪ Pneumonia			
▪ Hay Fever			
▪ Pleurisy			

HEALTH STATUS QUESTIONNAIRE

- Are you currently receiving medical treatment and / or medication? YES/NO

If yes, please give details:

- Are you allergic to, or have any sensitivity to any substances or chemicals? YES/NO

If yes, please give details:

- Do you require corrective lenses or contact lenses? YES/NO
- Do you require any hearing device? YES/NO
- Have you ever suffered from a back injury requiring time off work? YES/NO

If yes, please give details:

- In your past employment have you been exposed to any of the following? (Please tick appropriate boxes)

Noise (consistently above 85dB (A))

Skin irritants

Asbestos

Infectious materials

Heavy metals

Solvents

If yes, please give details: _____

- Please state any serious injury or illness you have suffered from that may affect your ability to effectively carry out the functions and responsibilities of the position applied for:

- Do you have any other known conditions (s) which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? YES/NO

If yes, please give details:

In order to comply with the HSE Act and the Accident Insurance Act it is a condition of employment that employees and / or prospective employees provide truthfully and to the best of their knowledge, the information requested in the Health Status Questionnaire. Deliberate failure to answer correctly may result in termination of employment and / or subsequent claims for injury being declined.

The information I have supplied here is correct and accurate:

Name:

Date:

Signature:

Consent for Pre-Employment Drug Testing

I consent to undergo a drug test, to be undertaken by a medical professional and laboratory appointed by Longchill Ltd which I acknowledge is for the purpose of determining whether I have levels of an illicit drug(s) present in my urine, higher than the accepted international standard as defined by the Australian / New Zealand Standard AS/NZS 4308:2001

I understand that these procedures involve the taking of a urine sample(s) for testing

The drugs being tested for are cannabinoids, opiates, amphetamines, cocaine and benzodiazepines

I undertake to advise the medical professional conducting the test(s) of any medication that I am taking

I also agree to provide proof of identity, if requested, which may include my photograph

I consent to the results of the drug test(s) being communicated confidentially to

Longchill Ltd
Transport Manager
P.O Box 14065
Longburn
E: eddie@longchill.co.nz

Any collection, storage or exchange of information concerning the drug test will be in accordance with the requirements of the Privacy Act

Results of the drug test will only be used for the purposes for which they were obtained

I understand that a refusal to sign this form and undergo a drug test, or return a positive result from the drug test means that the job offer made to me will be withdrawn

I have read and understood the terms of this consent form

Signature of Applicant: _____ Date: _____

Applicants Name: _____

Witnessed: _____ Date: _____

Witness Name: _____



Pre-employment check - request for ACC claims history



Please Read: Please complete this form and then email it to preemploymentchecks@acc.co.nz. Please provide a valid proof of identification: These include but are not limited to; Driver's Licence, Passport, 18+ Card, Birth Certificate, or Statutory Declaration signed by the Police or JP.

Employers and recruitment agencies: unless the job applicant gives specific permission, the claims history provided will not include information about any:

- mental injury as a consequence of physical injury claims
- declined claims including accredited employer claims
- treatment injury claims
- claims occurring more than 10 years ago
- sensitive claims
- wilfully self-inflicted claims
- accidental death claim dependants

PART A: IDENTIFYING DETAILS

1. JOB APPLICANT'S DETAILS		PLEASE COMPLETE ALL SECTIONS	
First Name:		Middle Name:	
Surname:		Also known as (e.g Maiden name):	
Date of Birth:		Phone Number/s:	
Ethnicity:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Postal address:		Suburb :	
Town/City:		Postal Code :	
Previous Address:		Type of work/Industry:	

2. EMPLOYER OR RECRUITMENT AGENCY DETAILS		FOR ACC CLAIMS HISTORY RESULTS TO BE SENT TO	
Organisation Name:	LONGCHILL LTD	Contact Person's Name:	KIRIANA APATU
Contact Phone Number:	(06) 354 0325	Contact Email Address:	kiriana@longchill.co.nz

PART B: CONSENT FOR ACC TO RELEASE INFORMATION

3. JOB APPLICANT'S CONSENT AND SIGNATURE	
<p>I authorise ACC to release my ACC claims history to the employer or recruitment agency named in Part A:2, and understand that I will be sent a copy to the mailing address marked in Part A:1.</p> <p>I understand that this information will only be used to decide whether I can carry out the job safely.</p> <p>I understand I have the right:</p> <ul style="list-style-type: none"> • to see and correct this information under the Privacy Act 1993 • that the employer or recruitment agency will use this information responsibly, and comply with the Privacy Act 1993, Health Information Privacy Code 1994 and the Human Rights Act 1993 • that the employer or recruitment agency will destroy the information once the job application process is complete. 	
Job applicant's signature:	Date: