## Position applied for:

Orchard:

#### Factory:

#### Other:

### Purpose:

This information is retained as part of your employment file with the company and is used for purposes payroll and collecting statistical information 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.

			nformatio					
			IN CAPITAL LE					
		☐ Mrs	Miss	□ Other				
Surname								
Given Names								
Date of Birth	D D	MN	1 Y	Y Y Y				
Street Address								
Town								
Contact Phone Number								
Email Address								
IRD Number				Tax	Code			
Bank Account Number								
	Name	_						
Next of Kin	Relationship to you							
	Phone Number							
KIWISAVER Pleas	e complete either t	the Opt-o	n (KS10) or de	eduction form (KS2)				
		Legal	Status					
Are you a Citizen of New	/ Zealand? 🗌 Yes		0					
If <b>YES</b> please provide proof of	f your NZ Citizenship by m	neans of any	of the following:					
*NZ Passport or,	*NZ Birth	Certificate A	ND photo ID (e.g.	Drivers licence or 18+ card	l) or,			
*Citizenship Certificate with p	photo ID							
If <b>NO</b> , 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				

## **Employee ID Number:**

## Office use only:

- ID- Passport/Birth cert AND Driver licence
- Individual Employment Agreement
- IR330
- Visa
- Visa view enquiry number:

## 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	f any false or deliberately misleading information is given, or any material fact is
suppressed, that my employment will be ter	minated. I understand that it is illegal to use someone else's identity or IRD number and
in signing this I confirm that the above inforr	nation belongs to me personally.
Signed:	Date:

## **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.
Do you have any criminal convictions?	Yes /	No
If yes, please provide details:	-	

# **Employee Induction Check List**

Induction carried out on://					
Health & Safety Procedures		First Aid Location			
Biosecurity Plan		Accident/Incident Reporting			
Job Dangers/Hazards		Washroom/Toilets			
Social Responsibility		Induction to Supervisor			
Complaints Procedure/Form		Induction to fellow workers			
Emergency Procedures		Drug and Alcohol Policy			
PSA Protocol		Hygiene Policy/Procedures			

In signing below, I acknowledge that I have given/received the above training and information required to undertake the job. For: Employer: Employee: \_\_\_\_\_\_

Use this form if you're receiving salary or wages as an employee.

If you're a contractor or use a WT tax code, you'll need to use the *Tax rate notification for contractors - IR330C* form.

### Once completed:

Employee Give this form to your employer.

If you receive a payment such as a benefit or superannuation, return this form to Work and Income.

**Employer Do not send this form to Inland Revenue.** You must keep this completed IR330 with your business records for seven years following the last wage payment you make to the employee.

When an employee gives you this form you must change their tax code, even if you have received different advice in the past.

### 1 Your details

First name/s (in full)

Family name

IRD number

(8 digit numbers start in the second box.

### 2 Your tax code

You must complete a separate *Tax code declaration (IR330)* for each source of income

Choose only ONE tax code

Refer to the flowchart on pages 2 and 3 and then enter a tax code here.

If you're a **casual agricultural worker**, **shearer**, **shearing shed-hand**, **recognised seasonal worker**, **election day worker** or have a **tailored tax code** refer to "Other tax code options" at the bottom of page 3, choose your tax code and enter it in the tax code circle.

### 3 Declaration

Signature

Day Month Year

**Give this completed form to your employer.** If you don't complete Numbers 1, 2 and 3, your employer must deduct tax from your pay at the non-notified rate of 45 cents (plus earners' levy).

#### Privacy

Meeting your tax obligations means giving us accurate information so we can assess your liabilities or your entitlements under the Acts we administer. We may charge penalties if you don't.

We may also exchange information about you with:

- some government agencies
- another country, if we have an information supply agreement with them
- Statistics New Zealand (for statistical purposes only).

If you ask to see the personal information we hold about you, we'll show you and correct any errors, unless we have a lawful reason not to.

Contact us on 0800 377 774 for more information. For full details of our privacy policy go to ird.govt.nz/privacy