



APPLICATION FOR EMPLOYMENT

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 Company to engage the applicant.

Purpose: This information is collected for the purpose of assessing your suitability for employment at which may include subsequent changes in employment with the Company.

PLEASE PRINT

POSITION APPLIED FOR

YOUR NAME
In block letters

How do you like to be addressed:

Family Name:

Given Names (underline name used):

Are you known by any other name(s)?

Give details:

**YOUR CONTACT ADDRESS
AND TELEPHONE NUMBERS**

Contact Address:

Home Phone No: Other No. (If Any):

AGE

Have you reached the current school leaving age (16 years)? Yes/No

LEGAL WORK STATUS

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

A New Zealand Citizen Yes/No

A permanent resident Yes/No

A holder of a current work visa Yes/No

EDUCATION

Including university, further education, etc where applicable

Name of secondary school(s) attended

.....

.....



	Qualifications (school certificate, university entrance) - (subjects) Other Qualifications Yes/No (Subjects)		
LANGUAGES	Can you hold an every day conversation in any language other than English?		
APPRENTICESHIP For trades positions only	Do you have your apprenticeship papers? Yes/No In what trade were you apprenticed?		
	What was the name and address of the employer? <table style="width: 100%;"><tr><td style="width: 50%; text-align: center;">Name</td><td style="width: 50%; text-align: center;">Address</td></tr></table>	Name	Address
Name	Address		
	What trade qualifications do you hold? (i.e. Trade Cert, Advanced Trade Cert., etc)?		
QUALIFICATIONS	Do you have any other qualifications/certificates/licences/or attended any courses? (Give details). Please describe the skills you hold which are relevant to the position applied for (e.g. for a typist - typing speed, word processing capability, shorthand capability, etc).		
EMPLOYMENT HISTORY	Present or Most Recent Employer Company: Address: Job Held: Main Duties:		



No of hours worked per week: Length of service:

Reason for Leaving:

For the purposes of compliance with the Privacy Act 1993 do you consent to the Company contacting your present employer for the purposes of reference checking?
Yes/No

Next Most Recent Employer

Company:

Address:

Job Held:

Main Duties:

No of hours worked per week: Length of service:

Reason for Leaving:

Next Most Recent Employer

Company:

Address:

Job Held:

Main Duties:

No of hours worked per week: Length of service:

Reason for Leaving:

Give details of any other job which may be relevant:

.....

Have you ever worked for this Company or an associated company before?Yes/No

If yes, where and when:

Do you have secondary employment? Yes/No

If yes, please detail:

.....



REFEREES

Give name, address and telephone numbers of at least two referees.

Name	Position	Address	Phone No.
.....
.....
.....

If your application is successful when could you commence employment:

GENERAL

Are you prepared to work shifts if required to do so? Yes/No

Have you worked shifts before? Yes/No

Are you prepared to work overtime if required? Yes/No

Do you have any present criminal convictions, not including any concealed under the Clean Slate Act?, Yes/No

Have you been the subject of a Diversion ordered by the Courts? Yes/No

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes/No

Are you prepared to handle all products, materials, or equipment used in the industry? Yes/No

Do you have a current drivers licence? Yes/No

If yes, what class?

Drivers Licence No.:

Do you have any demerit points or endorsements? Yes/No

Do you have any legal proceedings against you pending? Yes/No

If yes, please detail:

Do you have a spouse, partner, or relative or working here or elsewhere in the same industry?

Yes/No

If yes, who?

Where?



What transport arrangements do you have to attend your place of employment?
.....

What are your interests/hobbies/sports/clubs or community activities?

.....

MEDICAL

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

Do you consent to undergo a medical examination if you are offered employment?
Yes/No

Do you consent to any biological monitoring in accordance with the Health and Safety in Employment Act 1992, if applicable? Yes/No

Do you have any health related issues that may impact on your ability to perform the tasks listed in the Job Description and/or Task Analysis for job that you are applying for? Yes/No

If yes, please detail:

DRUG TESTING

Prior to an offer of employment, you will be required to undergo pre employment drug screen. Should you return a non negative result to the initial screen test, you will not be offered employment or any provisional offer of employment will be withdrawn..

I agree to undergo pre employment drug testing and for the results to be released to Kiwi Gold Orchards Ltd. I understand that any offer of employment made will be withdrawn should a not negative result be reported.

_____ Date: _____



REFERENCE CONSENT

Name of organisation:

I consent to the above organisation seeking verbal or written reference on a confidential basis from _____ (person) of _____ (organisation) about me, and authorise the information sought to be released for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.

Signature of candidate: **Date:**

Declaration/Consent

I _____ (please print full name)
Declare that to the best of my knowledge the answers, whether in this application, the interview process, or my CV, 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, the Company may terminate my employment with immediate effect. I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation for work-related injury in accordance with the Accident Insurance Act 1998.

If my application is not accepted, I consent to the company retaining the verbal or written information about me on a file for a period of 12 months from the date of this application. Such information may be referred to if possible job opportunities arise during that period.

Signature: _____ Date: _____

OFFICE USE ONLY

Successful Starting date if successful: _____ Rate of Pay: \$ _____

Area: Packing Splitting Washline Job Description: _____

Fixed Term Finish Date: _____ On Call Permanent