

APPLICATION FORM

This application form will be used to assist us in considering your suitability for the position for which you are applying.

If successful, such information shall form part of our personnel records. Failure to supply the information requested would prejudice our ability to assess your suitability for the position, and may put your health at risk.

Do you consent to Zealandia retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with us in the future? YES / NO

Name..... Date:

Address: Position applied for:

..... Age:

..... Sex: Male/Female

Work Phone: Cellphone:

Home Phone: Email Address:

Marital Status: Nationality.....

If you are a non-resident do you have a work permit and for how long?

GENERAL

If your application is accepted, when would you be able to commence work? _____

Are you prepared to work extra hours when required? YES/NO

Are you prepared to work on Saturdays or Sundays? YES/NO

Are you prepared to work shift work when required? YES/NO

Do you have your own means of transport? YES/NO

Do you hold a current drivers license? YES / NO If yes, what classes?..... YES/NO

Do you have any demerit points or endorsements? YES/NO

If yes, please detail:

Are you a smoker? YES/NO

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

Have you been convicted of a criminal offence? YES/NO

If yes, please detail:

Are you awaiting the hearing of charges in a court of law? YES/NO

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 Head Office Belfast Christchurch 8548 F 03 323 9899



If yes, please detail:

Do you have any part time jobs? YES/NO

Do you have commitments that might limit your working hours? YES/NO

If yes, please detail:

Are you a member of any territorial force unit? YES/NO

If so, have you completed your whole time training? YES/NO

MEDICAL

Due to the nature of the work and potential for handling herbicides and pesticides and heavy lifting, please complete the following:

HAVE YOU HAD:	YES /NO	WHEN	DO YOU SUFFER FROM:	YES/NO
Compensation for any injury	YES /NO	.....	Earache or deafness	YES/NO
Asthma	YES /NO	.....	Skin infections	YES/NO
Bronchitis	YES /NO	.....	High blood pressure	YES/NO
Tuberculosis	YES /NO	.....	Heart complaints	YES/NO
Dermatitis or Eczema	YES /NO	.....	Diabetes	YES/NO
Hernia	YES /NO	.....	Any allergies	YES/NO
Injury to limbs	YES /NO	.....	Do you take drugs or medicines?	YES/NO
Blackouts or fits of any kind	YES /NO	.....	Do you wear corrective lenses?	YES/NO
Repetitive Strain Injury	YES /NO	.....	

Have you had an injury or medical condition caused by gradual process, disease or infection for example hearing loss, sensitivity to chemicals, repetitive strain injuries that may be aggravated or further contributed to by the tasks of this job.

If yes, please detail:

EDUCATION BACKGROUND

College / Tertiary Education

Which educational institute?	Located where?	Attendance period?	Qualifications?
.....
.....
.....
.....

Additional Qualifications:

Do you have a current First Aid Certificate?



EMPLOYMENT BACKGROUND

Employer: Position:

From:..... To:

Address: Contact Phone:

Reasons for Leaving?

.....

Employer: Position:

From:..... To:

Address: Contact Phone:

Reasons for Leaving?

.....

Employer: Position:

From:..... To:

Address: Contact Phone:

Reasons for Leaving?

.....

REFEREES

Does Zealandia have your permission to contact previous employers for references? YES/NO

List two referees we can contact by telephone:

Name:..... Name:

Phone: Phone:

Could you also provide us with two personal referees? YES/NO

List two referees we can contact by telephone:

Name:..... Name:

Phone: Phone:

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ACTIVITIES

Sports played on a regular basis:

Team activities:

Hobbies:

List two goals you would like to achieve in the next 3 years:

1.

2.

Describe yourself / your personality:

Why do you want to work for Zealandia?

What talents or qualities do you feel you have to offer Zealandia?

How did you find out about Zealandia?

Anything else you would like to add to support your application:

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 is 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 relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC.

I agree that you may collect information about me from any source, which relates to my application of employment, except from my current employer who will not be contacted without my express permission. This form is an authority for those people you contact to disclose any information.

I am aware that any information supplied by my referees is evaluative material, and that it is supplied to you on the basis that each referee has been promised that their identity, and the information they have provided will not be revealed to me. I understand that I am not entitled to the disclosure of that information.

I declare that:

- (i) I am legally entitled to work in New Zealand;
- (ii) I have disclosed any criminal convictions or charges I may have, and any disabilities and/or medical conditions which may restrict my ability to perform the role I have applied for;

Signed: _____ Date: _____

