



APPLICATION FORM

THIS INFORMATION IS COLLECTED FOR THE PURPOSE OF ASSESSING YOUR SUITABILITY FOR EMPLOYMENT WITH WOODHAVEN GARDENS LTD. IF YOUR APPLICATION IS SUCCESSFUL THIS FORM WILL BE RETAINED IN YOUR PERSONAL PROFILE, OTHERWISE THE FORM WILL BE RETAINED FOR 6 MONTHS IN OUR APPLICATION FILE AFTER WHICH IF YOU HAVE NOT BEEN SUCCESSFUL DURING THIS TIME IT WILL BE DESTROYED. ALL SUCCESSFUL APPLICANTS ARE REQUIRED TO PROVIDE A CLEAR DRUG TEST PRIOR TO COMMENCING EMPLOYMENT.

DATE OF APPLICATION: _____ FULL TIME / PARTIME _____

DAYS PREFERRED: _____ DAYS CANNOT WORK _____

(PLEASE NOTE WE ARE A 7 DAY BUSINESS, OFTEN 12 + HOURS A DAY, IT IS EXTREMELY SELDOM THAT A MON – FRI POSITION IS AVAILABLE. MAJORITY OF POSITIONS WILL INCLUDE A SATURDAY / SUNDAY OR BOTH)

PERSONAL INFORMATION (PLEASE PRINT)

First Name: _____ Surname: _____

What is your preferred title, if any? Mr Mrs Ms Miss

Date of birth: _____

YOUR CONTACT ADDRESS AND TELEPHONE NUMBERS

Contact Address: _____

Contact Phone Numbers:

Home: _____ Cell: _____

NEXT OF KIN TO BE CONTACTED IN CASE OF EMERGENCY

Name: _____ **Relationship:** _____

Address: _____

Home: _____ **Cell:** _____

This number HAS to be a family member who is able to authorise medical procedures if necessary.

YOUR LEGAL WORK STATUS

Do you have the legal right to work in New Zealand: Yes / No

If yes, are you a:

NZ Citizen Yes / No

NZ Resident Permit Holder Yes / No

A Work Permit Holder Yes / No **Expiry Date:** _____

If your application is successful we will require a copy of either your NZ Birth Certificate or appropriate permit and one form of government issued photo ID

SECONDARY EDUCATION

List the Name(s) of Secondary School(s) attended

Other Qualifications – Apprenticeship / Polytec / University

EMPLOYMENT HISTORY (START WITH MOST RECENT)

Name of Employer: _____

Address: _____

Position Held: _____ **Length of Service:** _____

Reason for Leaving: _____

NEXT RECENT

Name of Employer: _____

Address: _____

Position Held: _____ **Length of Service:** _____

Reason for Leaving: _____

NEXT RECENT

Name of Employer: _____

Address: _____

Position Held: _____ **Length of Service:** _____

Reason for Leaving: _____

REFEREES

Please give details of three referees that you authorise us to contact. Preferably two work related and one personal.

Name: _____ **Address:** _____

Phone Number: _____ **email:** _____

Name: _____ **Address:** _____

Phone Number: _____ **email:** _____

Name: _____ **Address:** _____

Phone Number: _____ **email:** _____

MEDICAL

Have you claimed Accident Compensation in the last 12 month? Yes / No

Have you any unresolved or pending Accident Compensation Claims Yes / No

Have you ever suffered from any gradual process or overuse injuries (which included tendonitis, carpel tunnel syndrome etc.)? Yes / No

Do you have any condition which may affect your ability to effectively carry out the functions and responsibilities or the position applied for (noise, sensitive skin, etc)? Yes / No

Have you ever suffered injury or back strain? Yes / No

If you have answered YES to any of the above questions in this section please give details: _____

I will provide if required details of my ACC history Yes / No

GENERAL

Do you have a current driver's license? Yes / No

If yes, what class? _____ License Number: _____

(please include a copy of your licence)

Do you have a current first aid certificate: Yes / No

If YES – Please provide copy and expiry date: _____

Do you have commitments which may prevent you from attending your place of employment during normal working hours (e.g. sports, education)? Yes / No

If YES please give brief details: _____

Have you ever been charged or convicted of a criminal offence? Yes / No

Are you prepared to abide by safety and work rules? Yes / No

Have you previously been employed by this company or in this industry
Yes / No

Do you agree to enquiries being made as to the accuracy of information contained on the application form? Yes / No

DECLARATION

I, _____ (full name) declare that to the best of my knowledge the answers to the questions in this application are correct and I understand that if any false information is given or any material fact suppressed, I may not be accepted or if I am employed I may be dismissed.

Signature: _____ Date: _____