

APPLICATION FOR EMPLOYMENT					
CONFIDENTIAL		To be completed personally by Applicant			
Date of Application:					
Note: The completion of this form does not indicate the applicant.		of this form does not indicate that there is any obligation on the Co icant.	mpany to		
Purpose:		n is collected for the purpose of assessing your suitability for employment at may include subsequent changes in employment with the Company.			
PLEASE PRINT					
POSITION APP					
YOUR NAME In block letters		Name:			
in block letters		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:			
		Phone Number: Other No. (If Any):			
AGE		Have you reached the current school leaving age (16 years)?	Yes/No		
LEGAL WORK S	TATUS	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		
Other Skills/Qu Including Licen Qualifications,	ses if applicable,				



LANGUAGES	Can you hold an every day conversation in any lang	uage 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?			
	Name Ad	ddress		
	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 (e.g. for a typist - typing speed, word processing capabili etc).			



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				
Signature: Date: 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				