



APPLICATION FOR EMPLOYMENT

Please Note: The information you provide in this application for employment form will be collected and held by the administration of Waimea Nurseries Limited. It may be accessed by relevant persons to assess your suitability for employment. You have a right of access to personal information and to seek any correction you think necessary to ensure accuracy.

PERSONAL DETAILS

First Name Surname

Address

.....

Home Phone (0) Mobile Phone (02)

Work Phone (0) Age: years

Sex: Male / Female

Are you eligible for employment in New Zealand? Yes / No

Are you a New Zealand citizen? Yes / No

Date available for employment / /

Are you able to accept full time permanent employment?

.....

If your contract is extended are you able to work through the next season?

.....

Do you have a current Driver's Licence? Learners / Restricted / Full

Classes?

Do you have your own transport?

.....

Why do you want this job?

.....

HEALTH

How would you describe the present state of your health? Excellent / Good / Poor

Is there any medical condition we should know about before any employment? YES/NO
(This will help us determine if you require any special facilities)

Do you know of any reaction to Horticultural Sprays?

.....



EMPLOYMENT HISTORY AND SKILLS

What relevant work skills do you have?

.....
.....
.....
.....

Most Recent Employer

Employed FromTo.....

Position Held.....

Summary of duties and responsibilities in this position

.....
.....
.....

Any other relevant employment history?

.....
.....
.....

Have you received Tractor Training?

.....

Do you have (or have you ever had) a Forklift licence?

..... Licence expiry date: / /

What areas of Nursery work are you interested in?

.....

Are you prepared to do physical and sometimes repetitive work?

.....

I certify that the particulars supplied by me, in this application form or otherwise, in support to my application are in all material respects true and correct and may be relied upon. I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or false information in the Health section of this form may result in my loss of entitlement or employment.

All Applications for employment will be kept for a period of one month after which re-application is advised

Signed: (Applicant)

Date / /