



## APPLICATION FOR EMPLOYMENT

*Please Note: The information you provide in this application for employment form will be collected for the purposes of assessing your suitability for employment with Waimea Nurseries Ltd, and will be held by the HR department of Waimea Nurseries Ltd for a time of one month after which re-application is required. The completion of this form does not indicate any obligation on the company to employ the applicant. This application form may also be used to assess your suitability for other employment within Waimea Nurseries should you be employed by us and as such will be retained on file and will be relied upon by us – you must therefore ensure that you fill the form in completely and accurately. You have a right of access to personal information and to seek any correction you think necessary to ensure accuracy.*

### IMPORTANT

**You will only be contacted if you are successful in proceeding to the interview process.  
You must personally complete this application form.**

### PERSONAL DETAILS

Today's Date \_\_\_\_\_

First Name \_\_\_\_\_

Family Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

Email address \_\_\_\_\_

### AVAILABILITY FOR WORK

Date available for employment \_\_\_\_\_

*(Please specify if you have a notice period you have to give and if so, how long is it?)*

Are you willing and able to work at least 40 hours per week?

YES / NO (circle one)

Do you have any commitments that may prevent you from attending work?

YES / NO (circle one)

*(eg sports, PD, meetings)*

*If yes please explain* \_\_\_\_\_

What length of time are you able to work for us?

*(eg 1 month, 6 months, indefinite?)* \_\_\_\_\_

Do you have a current Driver's Licence?

YES / NO (circle one)

Circle the applicable car licence: LEARNERS   RESTRICTED   FULL   INTERNATIONAL

Do you have any other Endorsements on it? (other than car) \_\_\_\_\_

Do you have your own reliable transport?

YES / NO (circle one)

IF NO please explain how you plan on getting to work. \_\_\_\_\_

**HEALTH**

On a commercial tree nursery all employees will be engaged in physical activity, often outside in the open and working with / near plants, soil / potting mix and may involve using agricultural chemicals.

	<b>Yes / No</b> <i>Please circle one</i>
Have you had an ACC claim for a physical injury or medical condition in the last 5 years? IF Yes, what and when?	Yes / No
Do you suffer from a sore back? IF Yes, what irritates it?	Yes / No
Do you use any medication (prescribed or otherwise) that may influence your ability to concentrate, operate machinery / vehicles or otherwise impact on your ability to come to work or properly perform your job? IF Yes, please list medication name and its purpose:	Yes / No
Do you suffer from any severe allergies or reactions (eg hay fever or insect bites)? IF Yes please explain:	Yes / No
Do you have/know of a reaction to horticultural sprays? IF Yes please explain:	Yes / No
Do you have any current medical condition or other limitation that we should know about before you started work? IF Yes please explain:	Yes / No
Have you previously or do you currently suffer any wrist problems (such as RSI, Gradual Process Disease etc)? IF Yes please explain:	Yes / No
Vision: Can you comfortably see work that is arm's length away?	Yes / No
Hearing: do you have any hearing problems or loss?	Yes / No
Are you prepared and able to perform physical work that is repetitive in nature and often involves bending over and squatting?	Yes / No

**EMPLOYMENT – GENERAL**

Why do you want this job? \_\_\_\_\_

What relevant work skills or experiences do you have? \_\_\_\_\_

**EMPLOYMENT HISTORY**

*(1) LAST OR CURRENT EMPLOYER*

Location/Town \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Your immediate Boss \_\_\_\_\_ Their position \_\_\_\_\_  
 Employed from (date) \_\_\_\_\_ To \_\_\_\_\_  
 Position held \_\_\_\_\_  
 Summary of Duties & Responsibilities \_\_\_\_\_

Why did you leave? \_\_\_\_\_

(2) EMPLOYER BEFORE THE ONE ABOVE

Location/Town	_____	Phone Number	_____
Your immediate Boss	_____	Their position	_____
Employed from (date)	_____	To	_____
Position held	_____		
Summary of Duties & Responsibilities	_____		

Why did you leave? \_\_\_\_\_

(3) EMPLOYER BEFORE THE ONE ABOVE

Location/Town	_____	Phone Number	_____
Your immediate Boss	_____	Their position	_____
Employed from (date)	_____	To	_____
Position held	_____		
Summary of Duties & Responsibilities	_____		

Why did you leave? \_\_\_\_\_

**SKILLS**

Do you have previous experience in the following?  
*(Please provide details and bring copies of training records if asked to attend interview)*

Tractor Driving – Explain \_\_\_\_\_

Forklift Driving – Explain \_\_\_\_\_

Do you have an ‘F’ endorsement YES / NO

Do you have an OSH Certificate YES / NO Expiry Date: / /

Previous Commercial Plant Nursery Work – Explain \_\_\_\_\_

**ENTITLEMENT TO WORK IN NEW ZEALAND**

ALL applicants must be NZ citizens OR have NZ residency OR hold a valid NZ work visa and ALL applicants will be required to provide evidence they can work in New Zealand if employed (i.e. passport).

Are you a NZ citizen or resident? YES / NO

*(If ‘Yes’, please go to ‘Further Information’ & ‘Declaration’).*

IF No, what type of Work Visa do you hold?

Nationality	_____	Visa Expiry Date	_____
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**FURTHER INFORMATION**

Have you ever been convicted of a criminal offence or are you awaiting a criminal court hearing? YES / NO

*IF Yes, please detail all convictions and/or current charges including year of occurrence.*

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**DECLARATION**

I (write in full name) \_\_\_\_\_

declare that:

- I agree to providing a record of my ACC Claim History to Waimea Nurseries if requested,
- I agree to providing Waimea Nurseries with a Police Check should they ask me for one,
- I consent to undertaking a pre-employment drug test if required by Waimea Nurseries and agree to undertake additional and / or other testing if required as per Waimea Nurseries Alcohol and Drugs Policy should I be offered employment, and
- I agree to Waimea Nurseries contacting my previous employers for the purpose of a reference check.

I also certify that the particulars supplied by me, in this application form or otherwise, in support of 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 if employment has commenced, may result in termination of employment. I also understand that any false information given in relation to my medical history with regard to gradual process, back injuries, or hearing loss may result in my loss of entitlement for any compensation.

Signed (Applicant) \_\_\_\_\_

Date / /