



JOB APPLICATION FORM (Labourer)

Position Applied for (Please state full time, part time, casual): you will need a clean drivers licence

Driver Licence Number: _____

Classes / Endorsements: _____

Surname: _____

First Name: _____

Preferred Title: _____

Address: _____

Suburb: _____ **:Home:** _____ :

Phone: _____ **:Phone:** _____ :

Mobile: _____ **Email:** _____ :

Are you legally entitled to work in New Zealand?

Current New Zealand Citizen YES / NO

Permanent Resident (Supply proof) YES / NO

Current Work Permit (Copy reqd) YES / NO

Other (If yes, please supply details) YES / NO

Present or Most Recent Job: _____

Present or Most Recent Employer & Location: _____

Date available to start: ____ / ____ /20 ____

If you are invited to an interview what time would you be available to attend?

Background / Experience

Include things you have done (paid and unpaid) which may be relevant to the position?

Why would you like to work for us? _____

How did you learn of this vacancy? _____

Have you previously been employed by EasyLawn ? Yes / No.

HEALTH

Do you have any current condition, past medical history, or claims to ACC which may affect your ability for physical work? YES / NO (If yes, please supply details)

NOTE: All Employees may subject to undergo a Pre-Employment Health Assessment or Medical.

LEGAL

As you are applying for a position that requires a high level of trust and confidence, please indicate below:



Have you ever been convicted of any criminal offence? YES / NO (If yes, please supply details)

Do you agree to us requesting a copy of your legal record from the New Zealand police? YES / NO

HOURS OF WORK

Our business operates 50hrs per week. All employees are required to work a minimum of 8 hours and Saturdays. Regular hours can change, and you will need to remain flexible to accommodate changes to your work pattern. As a condition of employment, you must acknowledge your ability to work these hours, and to ensure your on-going co-operation by signing below. Also work is determined by weather, so if wet you may be asked to stand down for this period. . If you do not agree, please DO NOT sign

Signed: _____

Referees

Name two people (whose consent you have obtained) who know you well as an employee, that EasyLawn ltd can telephone. Nominate people able to comment on your ability to perform the duties of the position for which you have applied. We will prefer your last two employers.

Name: _____ :

Job Title: _____

Company: _____

Phone Number _____

Job Title: _____

Company: _____

Phone Number: _____

I consent to EasyLawn ltd seeking verbal or written information on a confidential basis about me from representatives of previous employers and/or referees and authorise the information sought to be released by them to EasyLawn ltd for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received will not be disclosed to me.

Signed: _____

Date: ____ / ____ /20 ____

Declaration:

I declare that the answers to the questions in my application are true and correct and that any incorrect or misleading information or suppression of material facts in this form or any other document (e.g. CV) may lead to disqualification, or if appointed, to termination of Employment. I accept that should my application be successful, the foregoing will be part of my employment agreement

Signed: _____

Date: ____ / ____ /20 ____