



# NEW WORLD GREENMEADOWS

Application forms must be completed for the application to be considered. The personal information you provide in this document will be held by this company for 6 months and will be used for the purpose of assessing your suitability for employment. You have a right to access this information to ensure its accuracy. **If you are not applying for an advertised position your application will be kept on file until a suitable position arises and then you will be contacted.**

**Position Applied For:** \_\_\_\_\_ **Date:** / /

**Full Time or Part Time:** \_\_\_\_\_

## *Section 1 – Personal Information*

<b>Surname:</b> _____
<b>First Name(s):</b> _____
<b>Preferred Name:</b> _____ <b>Date of Birth (if under 16)</b> _____
<b>Address:</b> _____
<b>Email Address:</b> _____
<b>Home Telephone Number:</b> _____ <b>Cell Phone</b> _____
<b>Name of Next of Kin (for emergency):</b> _____ <b>Phone Number:</b> _____
<b>Drivers License Class:</b> _____ <b>Other Licenses</b> _____

## *Section 2 – General*

<b>Are You a New Zealand Citizen?</b> YES / NO (please circle)
<b>If no, Do You Have Permanent Residence?</b> YES / NO ( <u>Evidence must be provided as prove of claim</u> )
<b>If no, Do You Have a Valid Work Permit?</b> YES / NO ( <u>Evidence must be provided as prove of claim</u> )
<b>STUDENT VISA / WORK PERMIT</b> YES / NO (please circle) <b>VISA EXPIRY DATE:</b> _____
<b>If 'YES' circled A COPY OF A VALID VISA OR PERMIT AND FRONT PAGE OF PASSPORT MUST BE ATTACHED TO APPLICATION FORM</b>
<b>Have You Been Charged or Convicted With a Criminal Offence in the last seven years?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes, give brief details:</b> _____
<b>Are You Currently Engaged in Other Paid Employment?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If Yes, with Whom?</b> _____
<b>Will you remain employed with this other Company while employed in this position?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

***Section 3 – Education***

**Name Your Most Recent Education Institute:** \_\_\_\_\_

**When Did You Leave / Graduate?** \_\_\_\_\_

**Qualifications/Achievements/ Trade Qualifications/Apprenticeship Details:** \_\_\_\_\_

***Section 4 – Employment History (detail your three most recent positions)***

**1. Name of Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Length of Service From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Nature of Work:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**2. Name of Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Length of Service From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Nature of Work:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Do you agree to inquiries being made as to the accuracy of information in this application form, or any other matter relating to your suitability for employment?**

**Present Employer** Yes  No  **Past Employer** Yes  No  **Other Person** Yes  No

**I \_\_\_\_\_ give permission for the release of personal information to be made from the people specified below about my suitability for employment with Greenmeadows New World.**

Signed: \_\_\_\_\_

Please give details of referees whom you authorise us to contact:

Name of Work Related Referee: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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Telephone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name of Work Related Referee: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Section 5 – Health**

Are you allergic to, or have sensitivity to any substances or chemicals? **YES / NO** (please circle)

*(For example: soap powders, flour dust, cleaning materials etc.)*

Have you ever suffered any back injury or back strain? **YES / NO**

Have you ever suffered from any overuse injuries eg: RSI or OOS? **YES / NO**

Have you ever made a claim under the ACC scheme? **YES / NO**

If so please give details: \_\_\_\_\_

Do you have any other condition, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? If so, please give details:

\_\_\_\_\_  
\_\_\_\_\_

How many days absence due to sickness have you claimed in the last three months of employment?

0-2       3-5       6-10       11-15       16-20       Over 20 days

**Do you have a problem performing any of the following tasks?**

- |  |                                 |
|--|---------------------------------|
| • <b>Standing for long periods of time</b> | <b>YES / NO</b> (Please circle) |
| • <b>Kneeling</b>                          | <b>YES / NO</b>                 |
| • <b>Lifting from floor to shelf</b>       | <b>YES / NO</b>                 |
| • <b>Climbing stairs/ladders</b>           | <b>YES / NO</b>                 |

**What would you consider are your best skills that would relate to the position you have applied for?**

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**What is important to you and gives you satisfaction in your role?**

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**Would you wish to be considered in the future to manage other team members?**

Yes  No  **If yes, what do you believe are the three key attributes of a successful team leader:**

1.

2.

3. \_\_\_\_\_

**Section 6 – Preferred Departments**

*Please indicate (✓) the type of work you are interested in*

- |               |                 |                |               |                        |                    |
|---------------|-----------------|----------------|---------------|------------------------|--------------------|
| Grocery _____ | Café _____      | Checkout _____ | Florist _____ | Butchery _____         | Produce _____      |
| Lotto _____   | Dairy _____     | Liquor _____   | Frozens _____ | Office _____           | Service Deli _____ |
| Bakery _____  | Storeroom _____ | Security _____ | Seafood _____ | Any of the above _____ |                    |

**Section – Availability**

*Please list the hours you COULD be available for, if required, and the MAXIMUM number of hours you are prepared to work EACH DAY. Please indicate days you cannot, or are not prepared to work.*

	<b>Time From</b>	<b>Time To</b>	<b>Total Number of Hours</b>	<b>Any Hours (Please Tick)</b>	<b>Not Available</b>
<b>Monday</b>					
<b>Tuesday</b>					

<b>Wednesday</b>					
<b>Thursday</b>					
<b>Friday</b>					
<b>Saturday</b>					
<b>Sunday</b>					

**Please show the TOTAL number of hours you are able to commit to, or want to work each week:**

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**Does this number of hours take fully into account your personal circumstances, study, travel, sport or any other activity you may be involved in: Yes  No**

**Are there times during the year when you would want to increase or decrease your hours?**

**Yes  No  If yes, please give details: \_\_\_\_\_**

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**If your application is successful, when could you commence employment?**

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***Section 7 – Additional Information***

**Do you know anyone who is currently employed by this company? If yes, who?**

**Do you have any additional information, which you consider may assist your application?**

***Section 8 – Declaration***

I \_\_\_\_\_ **(print name in full)**

I have personally completed this application for employment and declare that the information provided in this application (and resume where provided), is correct. I understand that should I be successful in my application, falsification or deliberately misleading information, or any material suppression of information will be grounds for instant dismissal. I also understand that any false information given in section 5, the medical portion of this form, may result in my loss of entitlement for any compensation from ACC.

**Signature:** \_\_\_\_\_ **Date:**     /     /