

## Dames Ltd Employment Application Form-Casual Basis.

## APPLICATION FOR EMPLOYMENT 2016-2022

Name		Address in NZ	
Phone		email	
Date of Birth		Country of Birth	
If you are a non New Zealand resident please complete the following.			
Visa expiry date/ conditions			
Passport Number		Passport expiry date.	

IRD Number-(9 digits)

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**Bank Account Number (16 digits)**

Bank(2)	Branch(4)	Account(7)	Suffix(3)

Do you suffer or have you suffered from any of the following?			
Hearing Impairment?	Y / N	Asthma, Hay Fever or Allergies?	Y / N
Vision Impairment?	Y / N	Diabetes?	Y / N
Epilepsy	Y / N	Back Problems?	Y / N
Hepatitis?	Y / N	Eczema, Dermatitis or skin disorders	Y / N
Arthritis, painful joints, joint injury, overuse injuries?	Y / N	Liver Disease, other gastro-intestinal disorders?	Y / N
Heart disease, stroke, high blood pressure?	Y / N	Allergies to any type of insect bite or stings.?	Y / N
Allergy treatment details:			

Have you had back strain or injury?	Y / N	Have you been dismissed from a previous job?	Y / N
Have you had other joint injury or strains?	Y / N	Have you bought a grievance against an employer?	Y / N
Are you colour blind?	Y / N	Have you been convicted for theft/drugs?	Y / N
Are you using illegal substances?	Y / N	Have you any other convictions?	Y / N
Do you have any facial piercings?	Y / N	Can you work 5½ days (46hrs) per week for 12 weeks?	Y / N
I have my own transport?	Y / N	Have you adequate child minding arrangements?	Y / N
Covid 19 Vaccination Declaration	1 <sup>st</sup> SHOT Y / N	2 <sup>nd</sup> SHOT Y / N	Vaccine Certificate Y / N
Other medical condition details.			

Are you comfortable working at heights. (Picking only)?	Y / N	Have you suffered from any other diseases, medical condition or injury that could affect your ability to carry out the duties of the position you are applying for?	Y / N
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Contact Person in case of illness (Name/tel)	
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## Declaration:

I am a New Zealand or Australian citizen	Yes	No	I hold a New Zealand residence permit	Yes	No
I hold a work permit permitting this employment	Yes	No			
Other entitlement –please specify.					

Previous Employer Name/Company		Period Employed	
Are you applying via (circle one)    MSD / WINZ            Advert    Referral    Walk In    Other			

## Previous Experience

Forklift	Drench	Grader	Packer	Gluer	Stack	Strap	Document	Packhouse QC
Tractor Driving	Truck Driving	Orchard Supervisor	Hydralada Operator	Ladder Picking	Ground Picking	Pruning	Thinning	Orchard QC

Important Notes: By submitting this application you.:

- ) Agree to work where and when as directed.
- ) Agree to provide your own transport to and from our orchard work sites.
- ) Will observe personal hygiene habits consistent with best practice food safety and are not currently suffering from any communicable disease or infection.

## Conditions of Employment.

I agree to work as directed and declare that I am entitled to be employed in New Zealand. To the best of my knowledge this information is true and correct. I acknowledge that I will observe personal hygiene habits consistent with best practice food safety and that I am not currently suffering from any communicable disease or infection.

I understand that:

1. I am NOT authorised to operate any of the company's machinery unless specifically instructed by a management person. If I do receive such a request, I will not operate the machinery unless I have been provided with adequate training.
2. I have received sufficient training for carrying out all my job duties.
3. I have read and understood all policies and procedures and have had an opportunity to ask any questions. I will abide by all company rules and code of conduct as presently in force and as amended from time to time in future.
4. I understand all Health and Safety risks related to job tasks as explained by management staff and I agree to abide by all workplace health and safety regulations/practices.

## Declaration:

I acknowledge that this completed application does NOT constitute any offer of employment AND state that all information I have given is complete and accurate. I understand that if anything I have stated or written is not true or misleading I could lose my job.

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