



Seasonal Employment

Application for Employment:

OFFICE USE ONLY

Department -

Date Received -

Interviewed By -

Date Processed -

Date Replied -

Via - Email

Via - Phone

Via - Fax

Date to Commence Employment -

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

Name: _____

Date of application- _____

IMPORTANT NOTE -

The completion of this form does not indicate that there is any obligation on Edgewater Resort Hotel Ltd to employ the applicant.

The information is collected for the purpose of assessing your suitability for employment with Edgewater Resort Hotel Ltd.

Position Applied For - _____

Type of Employment - (circle one) Full-Time Part-Time Casual/Seasonal

When are you available for work - Evenings Daytime Both

Please indicate length of availability - 1 month 3 months 6months other: _____

Please indicate length of stay in Wanaka - _____

If your application is accepted when could you commence employment - _____

PERSONAL DETAILS

Surname - _____ Given Names - _____

Permanent Address Overseas-

Number and Street Name _____
Suburb _____
City/Town _____
Country _____

Current Wanaka Address -

Number and Street Name _____
Suburb _____

Phone - (Day) _____ (Evening) _____

Email address - _____

Are you legally entitled to work in New Zealand - _____

If you have a work permit/visa when does it expire - _____

EDUCATION

(Including tertiary or further education)

Secondary School Attended - _____

Years Attended - From - _____ To - _____

Qualifications Obtained - _____

Do you have any other relevant qualifications/Certificates/Licences/or attended any courses -

EMPLOYMENT HISTORY

Present/Most recent employer - _____

From - _____ To - _____

Average hours per week - _____

Address - _____

Position Held - _____

Main Duties - _____

Reason for Leaving - _____

Give details of any other job that may be relevant -

REFEREES

Please give name, address and a telephone number of at least two referees; preferably from where you have worked.

1. Name - _____ Position - _____

Address - _____

Phone Number - _____

2. Name - _____ Position - _____

Address - _____

Phone Number - _____

For the purpose of the Privacy Act 1993, I consent to Edgewater Resort Hotel Ltd seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released. - YES NO

If YES, Signature - _____ Date - _____

GENERAL

Have you been convicted of a criminal offence - YES NO
Are you awaiting the hearing of charges in a civil or criminal court of law - YES NO
Do you hold a current full drivers licence - YES NO
(for some positions we will require a photocopy of your licence)
If so, what class - _____
Do you have your own transport - YES NO
Do you have secondary employment - YES NO

Name of Business - _____

Telephone Number - _____

What are your interests/hobbies/sports etc - _____

MEDICAL

(Please give full detail if you answered yes to anything below)

Are you allergic to anything - YES NO
If so, what - _____
Are you allergic or sensitive to any substances or chemicals - YES NO
If so, what - _____

Have you had any injury or medical condition caused by gradual process, disease or infection arising out of work that may be aggravated or further contributed to, by the tasks of this job -

YES NO

State any serious illness or injury you have suffered that may affect your ability o effectively carry out the functions and responsibility of the position applied for -

Do you have any other known condition which may affect your ability to effectively carry out the functions and responsibility of the position applied for - YES NO

DECLARATION

I _____ declare that to the best of my knowledge the answers within this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact is suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.

Signed - _____

Date - _____