

CRAGGY RANGE

— VINEYARDS LTD —

APPLICATION FOR EMPLOYMENT FORM

Information collected on this form is used to assess your suitability for employment within Craggy Range. This information will be held in a secure place with only authorised staff having access to it. You have the right of access to your personal information and to seek any correction you think necessary to ensure accuracy.

Position applied for:			
Where did you see this vacancy advertised?			
If your application is successful, when could you commence employment?			

Personal Details			
Title:		Preferred Name:	
First Names(s):		Surname:	
Home Address:			Postcode:
Postal Address:			Postcode:
Email Address:		Date of Birth:	
Home Telephone:	()	Mobile Phone:	
Work Telephone:	()	If you are happy for us to contact you at work, please provide your work contact number.	

Work Status			
Are you a NZ or AU Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> What is your Country of Citizenship?			
Do you hold a valid NZ Work Visa?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>(Please provide a copy of your Visa)</i>			
Have you commenced the visa application process?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you do hold a valid NZ Work Visa, please give details and conditions:			
Visa type:	<input type="checkbox"/> Permanent Residency	<input type="checkbox"/> Work	<input type="checkbox"/> Student <input type="checkbox"/> Holiday
Conditions of Visa:			
Work Visa Number:		Expiry Date:	

Are you a current Craggy Range employee or have you been an employee of Craggy Range. If Yes please complete the following table (including dates).				Yes <input type="checkbox"/>	No <input type="checkbox"/>
From	To	Position Held	Department	Manager	

Are you currently working for Craggy Range in a temporary capacity but employed by an agency?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please indicate which agency			

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Employment History						
Employment details included in CV (attachment)						
From	To	Employer	Position	Full Time	Part Time	Reason For Leaving

Referees			
Please list at least two referees whom we may contact concerning previous employment. These should be current or previous managers and not peers or colleagues you have worked with.			
Referee 1			
Name			
Position			
Company			
Phone		Email	
Referee 2			
Name			
Position			
Company			
Phone		Email	
Referee 3			
Name			
Position			
Company			
Phone		Email	

Qualifications				
Please provide details of qualifications obtained at your highest level of education				
	Name and Location of Establishment	Years		Qualifications obtained or underway
		From	To	
Secondary				
University				
Vocational				

Please provide details of any relevant Training and/or Courses.				
	Name and Location of Establishment	Years		Qualifications obtained or underway
		From	To	

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Fitness to Undertake Work		
<p>The purpose of gathering the following information is to enable Craggy Range to determine whether you have any medical condition, injury or impairment which may affect your ability to perform the required work. It will also identify areas where there could be a health and safety risk to yourself or others relating to such condition, previous injury or impairment.</p>		
<p>Have you ever had significant time off work as a result of an illness, injury or infection that may affect your ability to perform the job applied for? <i>(If Yes please specify, including estimate of time off, year of occurrence and reason).</i></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Have you ever consulted a health professional for a gradual process illness, injury or infection? <i>(If Yes, please specify).</i></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><i>Please note: A prior gradual or musculoskeletal injury may not prevent you from working for Craggy Range, although documentation may be requested.</i></p>		
<p>Do you have (or have you had) a medical or surgical condition, disorder or injury (including chemical sensitivities, skin problems, allergies, hearing or eyesight difficulties) that could affect your ability to undertake, or be aggravated by, the role that you have applied for, or your employment in general, or might affect you from attending work regularly. <i>(If Yes please specify).</i></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Do you have a condition that would prevent you from wearing personal protective equipment e.g. mask, gloves, closed shoes, hearing protection etc. <i>(If Yes please specify).</i></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Have you at any time in the past, had any problems with addictions to alcohol or drugs? <i>(If Yes please specify).</i></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Are there any disability needs, which will require accommodation if you are successful with your application? <i>(If Yes please specify).</i></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Are you taking any medication which may affect your ability to carry out the duties required for this position? <i>(If Yes please specify).</i></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Do you consent to appropriate biological monitoring if applicable to the job?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Other Relevant Information		
Do you hold a current full drivers licence, valid for use in New Zealand? If Yes, please state the class(es) of the drivers licence you hold:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The following question relates to your credibility and suitability for employment with Craggy Range.		
Have you any criminal convictions, or actions pending which could result in a criminal conviction in New Zealand or overseas and/or are you aware of any matters pending? <i>(If Yes, please specify details).</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any criminal convictions, not including any concealed under the Criminal Records (clean slate) Act? <i>(If Yes, please specify details).</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consent to Craggy Range undertaking a criminal history record check?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any professional body taken any disciplinary action against you in the past or are there any actions pending by any professional body which may affect your ability to carry out the duties required for the position you are applying for. <i>(If Yes please provide details of any past or pending action).</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been dismissed from employment for any reason or left employment for reasons of your own dishonesty? <i>(If Yes, please specify details).</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there anything that might prevent/hinder you from attending work reliably (i.e. out of work commitments or secondary employment)? <i>(If Yes please provide details).</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you able to work variable hours if required to do so?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you prepared to work additional hours, including weekends if required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Statement of Agreement	
<p>I have no objections to Craggy Range verifying the statements I have made on this application form and attached documentation. However, I understand that my present employer will not be contacted without my consent. I understand that if I have previously been or am currently employed by Craggy Range that my current/previous Manager(s) may be contacted and/or my personal file accessed.</p> <p>I acknowledge that Craggy Range may contact the aforementioned referees for further information. I understand and accept that any references that are obtained by Craggy Range will be confidential and will be used by Craggy Range solely to evaluate my suitability for employment and I will not be entitled to have access to any references obtained.</p> <p>I agree that if I am chosen as the preferred candidate for a position and I have answered Yes to any of the Health Section questions, I may be required to have a medical assessment by a medical assessor chosen by Craggy Range, at Craggy Range's expense.</p> <p>In the event that I undergo a medical assessment I consent to Craggy Range receiving the relevant medical information from the assessor. I also agree that Craggy Range may seek additional relevant information from any other treatment providers I have seen and those providers may disclose that information to Craggy Range.</p> <p>I certify to the best of my knowledge the answers given and any documents in respect of this application are true and correct. I understand that any position I may be offered will be based on the answers and detail I have provided and if any false information be given or material fact suppressed, I may not be accepted or if I am employed, I may be dismissed.</p> <p>I agree to the above statements.</p>	
Signature:	Date: