

# APPLICATION FOR EMPLOYMENT



Position applied for:

Date of application:

*Please attach your CV in support of your application.*

The information you provide in this application form will be used by Dragonfly Organics in considering your suitability for the position you are applying for. The company will not use or disclose information provided except for the purpose described, or as authorised by you, pursuant to the Privacy Act 1993.

## 1. PERSONAL INFORMATION

Surname:

Given names:

Preferred title: (Mr, Mrs, Ms, Miss)

Home address:

Daytime Contact:

Mobile phone:

Email address:

Are you legally entitled to work in New Zealand? Yes / No (Provide copy of work permit if applicable)

## 2. EDUCATION & QUALIFICATIONS

Detail education and relevant qualifications achieved.

Education & Qualifications			

## 3. Employment Summary (START WITH THE MOST RECENT FIRST)

1.	[Redacted]	[Redacted]	[Redacted]
Position held:			
Responsibilities:			
Reason for leaving:			
2.	[Redacted]	[Redacted]	[Redacted]
Position held:			
Responsibilities:			
Reason for leaving:			
3.	[Redacted]	[Redacted]	[Redacted]
Position held:			
Responsibilities:			
Reason for leaving:			
4.	[Redacted]	[Redacted]	[Redacted]
Position held:			
Responsibilities:			
Reason for leaving:			

4. Referees

Provide details of 3 referees who are able to comment on your knowledge, skills and experience as outlined in your application. Ideally your referees should be current and previous employers.

1.			
2.			
3.			

## 5. GENERAL

Have you been convicted of a criminal offence? Yes / No

*If Yes, please detail:*

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes / No

*If Yes, please detail:*

Do you have a current driver's licence? Yes / No

Do you have any demerit points or endorsements? Yes / No

*If Yes, please detail:*

Have you ever been dismissed from previous employment or had disciplinary action taken against you? Yes / No

*If Yes, please detail:*

## 6. Health Status

Do you have an injury or psychological or medical condition, including those caused by gradual process disease or infection (e.g. hearing loss or occupational overuse syndrome) or any other disability which may prevent you from carrying out the duties in the position you are applying for? Yes / No

*If Yes, please detail:*

If yes, provide details and describe any facilities, technical aids, equipment or adaptations to the workplace that would require to be able to carry out the duties of this position. Or you believe would be required to effectively eliminate or minimise the risks identified.

## 7. DECLARATION

- I declare the information provided in this application is, best of my knowledge, true and correct.

- I acknowledge the purpose of this application form and associated material is to assist in assessing my suitability for the position I am applying for.
- I understand the information provided to the company by my referees is supplied in confident and is evaluative material that will not be disclosed to me.
- I acknowledge that if I give any incorrect or misleading information or omit any information during the appointment process, I may be disqualified from consideration or, if appointed my employment may be terminated.

Signed:

Date:

Applicant's Name: