

Personal Details			
Name: Address:			
Email:			
IMPORTANT: You	must supply a <u>reliable contact pho</u>	<u>ne number</u> to be eligible for	work
Phone:			
	n you must be legally entitled to work porary basis. Please circle one of the fo		
1. NZ Citizen	2. Australian Citizen	3. NZ Resident	4. Other *
* If you circled 4. Ple	ease supply a copy of your Work Permi	t/Visa with this application.	
Employment Histor	ry (The last 3 employers you have wo	orked for)	
1. Name & Addres	s:		
Position & Dutie	25:		
Date Started & I	Finished:		
Reason for Leavi	ng:		
2. Name & Addres	s:		
Position & Dutie	25:		
Date Started & I	-inished:		
Reason for Leavi	ng:		
3. Name & Addres	s:		
Position & Dutie	25:		
Date Started & I	-inished:		
Reason for Leavi	ng:		
Referees: one work	referee and one personal referee		
Name:	·	Phone No	
Name:		Phone No	
Have you previously b	een employed by Riversun Nursery Ltd?	Yes No	
	If yes, which departm	nent and year(s)	
Have you ever worked	for Spartan Contracting Ltd (previously N	gatamatoa)? Yes	No
	lease state the name of the position applied I like to work in (please circle):	d for here:	
1. Any	2. Scionwood/Rootstock Processing	3. Grafting Preparation	4. Grafting
5. Callus & PTW	6. Nursery Operations	7. Field Operations	8. QC
9. GFG Processing	10. Coolstore & Dispatch	11. Machinery Operation	12. Admin
13. Chemical Handling	9		



Do you have a current Drivers Licence		Yes					No		
If yes, what class(es)	1	2	3	4	5	6	R&W	Т	DG
Do you have your forklift safety certificate?		Yes					No		
Do you have a Grow-safe certificate?		Yes					No		
Do you have any commitments at this time, which	h may pr	event y	ou fron	n attei	nding	to any	employm	ient in	the future?
		Yes					No		
If yes, give brief details:									
Have you any previous Criminal Convictions, (incl	uding Tr	affic offe	ences)?	' Y	'es		٢	10 C	
If yes please give details:									
Modical Have you had									
Medical - Have you had:									
		Yes		Ν	lo				
Asthma / Bronchitis				_		_			
ТВ				_		_			
Dermatitis, Eczema or Skin Infections				_		_			
Back Injury / Hernia				_		_			
Blackouts or fits of any kind				_		_			
Diabetes				_		_			
Heart Complaints				_		_			
Ear-ache or deafness				_		_			
RSI / Carpal Tunnel Syndrome / OOS				_		_			
Allegies to Bee Stings				_		_			
Do you have any other medical problems that country Nursery Ltd? If yes, please give details:	uld preve	nt you f	rom po	erform	ing ar	ny emp	loyment	positio	ns at Riversur
Would you be prepared to undergo a Medical at I	Riversun'	s reques	st?	Y	es			No	
Have you made any work related ACC claims in the past two years?					es			No	
If yes, give brief details:									
Will you provide Riversun with your ACC records i	•				es			No	
If we don't have immediate work for you, do you you if something suitable comes up?	want us	to keep	your a	pplica	tion o	n file fo	or 6 mont	hs so v	ve can call
				Y	es			No	
Declaration									
I declare to the best of my knowledge the answers any false information is given, or any material sup dismissed.									
Signed:				D	ate		_/	/	