



The information that is provided on this employment application form will be collected and held by JS Ewers Limited for the purpose of assessing your suitability for employment with JS Ewers Limited. You have the right to access this personal information and make corrections if required. In the event of an emergency, please also provide us with current contact information for a partner, close family member and/or friend.

Title: please tick one M	r Mrs Ms Miss						
First Name:	Family Name:						
Preferred Name:							
Address:							
Contact Numbers: Home: Mobile:							
Email Address:							
In the event of an emergency please contact: Name:			Contact Phone Number:				
What language(s) do you spea	k?						
Do you have reliable transport	? Yes No	License Type: please circle which one					
Do you hold an NZ Driver's Lice	ense? Yes No	Full OR	estricted	Learn	ers		
Do you hold a Forklift License?	Yes No	Class: please tick	gory: please tick which one(s)				
If yes is it current?	Yes No	which one(s)					
Do you have F endorsement?							
Yes No		1 2 3 4 5 T W R				R	
Please name anyone you are re	elated to or living with that works f	or JS Ewers Ltd:					
Name: Relationship:							
Role interested in: Gla	sshouse O Packhouse Ou	tdoor Crop Worke	r () Othe	er			
If Other – please specify:							
Employment Details (if details	are provided on CV, section is not	required to be com	nleted)				
				I			
Company Name	Position held & duties	Duration Salary/ Reason for leaving hourly rate					
Can we contact your most rece	ent employer?			Yes		No	
Name:				103		140	
				Dhono			
Company Name:				Phone:			
Email Address:							

Referees

(Providing referee information below you are consenting to us making contact with them for a confidential assessment of your suitability to a position)

Name:				Phone:				
Company Name:				Email:				
Relationship to you:			•					
Name:				Phone:				
Company Name:				Email:				
Relationship to you:			l					
Name:				Phone:				
Company Name:			Email:					
Relationship to you:								
Education/Qualific	ations/Training							
Name of school/colleg	e or training provider		Study Duration		Certificate/Qualification Obtained			
General Informatio	on:							
Are you legally entitled	to work in New Zealand?				Yes			No
If Yes, please select (ti	ck):	١٨/	ork Permi	<u> </u>				
NZ Citizen	NZ Resident		lease prov		y date)			
	1							
If a work visa, please in	ndicate how long maximum you ca	an wor	k for one	employeı	:			
Have you been convicted or charged with a criminal					Yes			No
offence or have any pe								
If yes, please provide r	nore details:							
Do you have any modic	cal condition(s) or health issues t	hat ma	ny provont	t vou from	n hoing at			
Do you have any medical condition(s) or health issues, that may prevent you from being at work, may place yourself or others at risk, or prevent you from performing your duties in a								
safe manner at all time	es?							
If yes, please provide r	more details:							

Do you have any injuries to your back, neck, spine, affect your ability to perform your duties?	, arms or legs that may	Yes	No
If yes, please provide more details:			
Have you ever suffered from Repetitive Strain Injur Overuse Syndrome(OOS)?	y (RSI) or Occupational	Yes	No
If yes, please provide more details:			
Do you have any commitments that may prevent you employment in the future?	ou from attending place of	Yes	No
If yes, please provide more details:			
If your application is accepted, when could you co	mmence employment?		
If your application is for a fixed term period, how l	ong are you available for?		
If you are successful do you agree that the employ claims history with ACC? (You will be required to concheck Form & provide ID).		Yes	No
Declaration:			
I declare that the information provided in this provided false or misleading information that with immediate effect. I agree to notify JS Ew employed this information will become part o with JS Ewers Limited for a period of twelve m	I may not be offered employment or, if ers Limited promptly with any supplied f my personnel file. If not employed thi	employed I may b information char	e dismissed iges. If I am
In order for JS Ewers Limited to assess my abi consent to pre employment screening which cinterview(s), medical check, credit check, drucheck(s), on-site observations, group assessment	could involve any, or all, of the following and/or alcohol testing, referee check	g; phone interviev	v(s), face to face
Signature:	Print Name:		Date: