

QUESTIONNAIRE FOR EMPLOYMENT OR VOLUNTARY WORK

POSITION APPLIED FOR: _____ DATE: _____

PERSONAL INFORMATION

Date of birth: _____
First name: _____
Sur name: _____
Address: _____

Photo: _____

Phone:
home _____
mobile _____
work _____

Marital status: Single _____ Partner _____ Married _____ Children _____
Age of children _____

EMERGENCY CONTACT

Family name: _____
First name: _____
Address: _____

Relationship: _____
Phone:
home _____
mobile _____
work _____

OTHER INFORMATION

Are you a NZ citizen or Permanent resident?	YES	NO
If no, do you have the legal right to work in NZ?	YES	NO
Do you have a valid driver license?	YES	NO
If yes, please specify types of vehicles	_____	
Do you have reliable transport to and from work?	YES	NO

Do you hold a valid fire arms license?	YES	NO
Do you have a valid first aid certificate?	YES	NO

Other relevant certificates _____

Are you prepared to work:		
Shifts	YES	NO
Rosters	YES	NO
Weekends	YES	NO
Extra hours	YES	NO
Statutory holidays	YES	NO
If no, please specify reasons		

Is or has your spouse/partner or any other relative been employed in a position that could lead to conflict of interest with the position for which you have applied?	YES	NO
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Do you have any obligations that may interfere with your work attendance or performance (e.g. family commitments, community activities, sports etc.)?	YES	NO
If yes, please give details		

Do you have you any criminal convictions?	YES	NO
If yes, please give details		

Do you have any criminal charge hearings pending?	YES	NO
If yes, please give details		

Alcohol or use of alcohol is not permitted at this work place.		
Do you accept this condition?	YES	NO

Smoking is not permitted at this workplace		
Do you accept this condition?	YES	NO

Drugs of any form are prohibited.		
Do you use any form of drugs?	YES	NO

HEALTH & SAFETY INFORMATION

The Health & Safety in Employment Act requires for an employee to identify hazards and provide a safe working place. A persons medical/physical and psychological/mental state may pose a hazard for that person and/or other staff and volunteers. The below questions are for the purpose of providing us with an understanding of your medical background. *If you feel uncomfortable about answering any of the questions or if you have any query about the relevance, please discuss it with us.*

Have you ever had any of the following:

Back or neck pain or strain?	YES	NO
Eyesight problems of any kind?	YES	NO
Heart problems of any kind?	YES	NO
Joint or cartilage problems of any kind?	YES	NO
Skin rashes or dermatitis?	YES	NO
Hearing problems of any kind?	YES	NO
RSI or overuse syndrome?	YES	NO
Allergy (animals)?	YES	NO
Any other allergies?	YES	NO
Stress related conditions of any kind?	YES	NO
Epilepsy or fits of any kind?	YES	NO
Colour blindness?	YES	NO
Dyslexia?	YES	NO
Fear of animals?	YES	NO
Phobias (e.g. fear of enclosed spaces etc.)?	YES	NO

Please comment on any questions to which you have answered yes

Any other physical or psychological condition of which you think we should be made aware of?

YES NO

If yes, please give details

Have you ever had any injury?

YES NO

If yes, please give details

Have you ever been admitted to hospital?

YES NO

If yes, please give details

Have you ever had any injury, illness or disease that prevented you from working for more than one week or that required more than one week of medical treatment?

YES NO

If yes, please give details

Have you had any injury, illness or disease that prevented you from working for more than two weeks and or that required more than one week of medical treatment?

YES NO

If yes, please give details

Have you ever claimed Accident Compensation?

YES NO

If yes, please give details

Do you have any physical or psychological condition which may affect your work performance or your regular attendance at work or which may be aggravated by the job you are seeking?

YES NO

If yes, please give details

DECLARATION

I _____ declare that:

- a) The information provided in this application (and in any other material supplied) is correct to the best of my knowledge.
- b) I understand that any false information given or material suppressed I may not be accepted or if I am employed or do voluntary work that my employment or volunteer period may be terminated.
- c) I have completed this form myself.
- d) I consent to Zion Wildlife Gardens Limited and Zion Wildlife Services Limited seeking verbal and/or written information about me from representatives of my previous employers and/or references. I authorize those individuals to provide information.