



APPLICATION FOR EMPLOYMENT

Personal Details

Full Name:

Street Address:

Suburb/City:

Phone Number:

Mobile Number:

Email Address:

Date of Birth: Current Age:

Other Languages Spoken:

Other Special Skills:

Name of current school/tertiary institution/employer:

Gender: Male Female

Employment Details

Are you looking for: Part time work Full time work, or Either, part time or full time work

Have you been previously employed by Rainbow's End? Yes No

If **YES** name department and year(s) employed:

Do you have any family or friends working at Rainbow's End? Yes No

If **YES** what is their name/ department they work in:

Rainbows End is a safety sensitive work place.

Are you prepared to undergo a drug test as part of your employment? Yes No

Which department(s) are you interested in applying to work in?

- Attractions (must be 18 years & over) (Ride Operators)
- Cashiers (Processing payments and retail work)
- Cleaning (Cleaning park rides, grounds etc.)
- Entertainment (Birthday party hosting, park characters)
- Catering (Serving customers, basic food prep)

Employment History

Employer/Company	From/To	Position	Leaving reason
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

References (Please provide names of 2 x referees)

Name	Phone	Description	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Work	<input type="checkbox"/> Personal
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Work	<input type="checkbox"/> Personal

Status

- Are you a New Zealander? Yes No
- If **NO** do you have a current work visa or permanent residence? Yes No
- Have you ever been dismissed or fired from a job? Yes No
- Have you ever been convicted of any offence against the law?
(except minor traffic offences) Yes No

If **YES** please explain:

Are you currently the subject of any police or employment investigation? Yes No

If wearing short sleeved shirts, do you have any visible tattoos &/or facial piercings? Yes No

If YES please explain:

Driver's license classes held:

Taking into account our operating hours do you envisage any problems with getting to and from work?

Availability to Work

Are you prepared to work Saturdays? (E.g. between 9am and 5pm) Yes No

Are you prepared to work Sundays? (E.g. between 9am and 5pm) Yes No

Are you prepared to work during school holidays? Yes No

Are you prepared to work public holidays? Yes No

Are you prepared to work after normal working hours?
(E.g. private functions or night functions on a Saturday night from 5pm to 10pm?) Yes No

Are you involved in any **activities** which may affect your **availability**?
(E.g. playing sports, or attending Church or other religious activities?) Yes No

If **YES** please state what activities:

Are there any **restrictions on the number of shifts or hours** you are able to work?

(e.g.; another job, student allowance restrictions or any other benefit restricting you to a minimum amount of hours you are able to work, or maximum amount of wages you are able to receive?) Yes No

If **YES** please explain here:

Health Questionnaire

1. Are you at present receiving medical treatment and/or medication which may be relevant to your application?

Yes **No** If Yes, please provide full details:

2. Are you allergic to, or have any sensitivity to any substances or chemicals, (e.g. food types, paint fumes, cleaning fluids etc)?

Yes **No** If Yes, please provide full details

3. Do you have a medical condition that you may require emergency treatment for e.g. epilepsy, diabetes, asthma?

Yes **No** If Yes, please provide full details
