

APPLI(ATION FOR EMPLOYMENT

FULL NAME:		
FULL ADDRESS:		
CONTACT NUMBER:		
EMAIL ADDRESS:		
PREFERRED TIME AND METHOD OF CONTACT:		
STATUS AND EMPLOYMEN	T DETAILS:	
ARE YOU A NZ OR AUS CIT PLEASE ATTACH PROOF OF I.D.	IZEN?	
IF NO, DO YOU HAVE A CU PERMANENT RESIDENCE?		
HAVE YOU PREVIOUSLY BEEN EMPLOYED AT RAINBOW'S END?		
IF SO, WHICH DEPARTMENT AND WHAT YEARS WERE YOU EMPLOYED?		
HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE AGAINST THE LAW?		
ARE YOU CURRENTLY THE SUBJECT OF ANY POLICE OR EMPLOYMENT INVESTIGATION?		
DO YOU GIVE CONSENT TO A POLICE-VETTING CHECK PRE-EMPLOYMENT?		
ARE YOU PREPARED TO UNDERGO PRE- EMPLOYMENT AND ONGOING RANDOM DRUG TESTING?		
DRIVER'S LICENSE CLASS HELD:		

WHI(H DEPARTMENT(S) ARE YOU INTERESTED IN WORKING IN?

ATTRACTIONS:	INTERACTING WITH	INTERACTING WITH GUESTS, OPERATING RIDES				
CATERING:	PREPARING FOOD, S	PREPARING FOOD, SERVING GUESTS, HOSPITALITY				
ENTERTAINMENT:	HOSTING BIRTHDAY SIDESHOWS	HOSTING BIRTHDAYS, STAGE SHOWS, SELLING AT SIDESHOWS				
GUEST SERVICES:	SALES, PROCESSING	SALES, PROCESSING PAYMENTS, GUEST QUERIES				
IMAGE MAKERS:	MAINTAINING PARK APPEARANCE, CLEANING, GROUNDS WORK					
PLAYLAB:	ASSISTING WITH ARCADE, COMPUTER GAMES AND GENERAL TECHNICAL SUPPORT		R GAMES AND			
PREVIOUS EMPLOYMENT DETAILS:						
NAME OF EMPLOYER	POSITION AND DATES OF EMPLO		REASON FOR LEAVIN	١G		
ALTERNATIVELY, PLEASE ATTACH CV AND/OR COVER LETTER.						
AVAILADILITY.						
AVAILABILITY:		Y/N	DETAILS:			
ARE YOU ABLE TO WORK REGULARLY DURING PEAK TIMES? (WEEKENDS, SCHOOL HOLIDAYS, PUBLIC HOLIDAYS)						
ARE YOU ABLE TO WORK NIGHT FUNCTIONS (UP TO 11PM)						
ARE YOU INVOLVED IN ANY ACTIVITIES WHICH MAY AFFECT YOUR AVAILABILITY? (SUCH AS SCHOOL, HOBBIES, OTHER JOBS, SPORTS)						
ARE THERE ANY RESTRICTIONS ON THE NUMBER OF SHIFTS OR HOURS YOU ARE ABLE TO WORK?						

HEALTH QUESTIONNAIRE:		Y/N	DETAILS:		
ARE YOU AT PRESENT RECEIVING ME AND/OR MEDICATION WHICH MAY BE APPLICATION?					
ARE YOU ALLERGIC TO, OR HAVE ANY SUBSTANCES OR CHEMICALS, (E.G. FFUMES, CLEANING FLUIDS ETC)?					
DO YOU HAVE A MEDICAL CONDITION REQUIRE EMERGENCY TREATMENT FO DIABETES, ASTHMA?					
DO YOU HAVE ANY OTHER CONDITIO MAY AFFECT YOUR ABILITY TO EFFECT THE FUNCTIONS AND RESPONSIBILITY POSITION APPLIED FOR?	CTIVELY CARRY OUT				
DO YOU AGREE TO UNDERGO A MEDIO REQUIRED?	CAL EXAMINATION IF				
ARE YOU FULLY VACCINATED AGAINST (PLEASE LEAVE BLANK IF YOU WOULD PRE THIS INFORMATION)					
NOTE: IF YOU HAVE MARKED YES YOU WIL	L BE REQUESTED TO PROVIDE PROC	F OF VACCINATION			
PERSONAL STATEMENT:					
IN YOUR OWN WORDS PLEASE EXPLAIN WHY YOU THINK WE SHOULD EMPLOY YOU, INCLUDING WHAT SKILLS OR PERSONAL QUALITIES YOU HAVE THAT WOULD MAKE YOU AN IDEAL RAINBOW'S END EMPLOYEE.					
REFEREN(ES:					
PLEASE PROVIDE DEATILS OF TWO RI	EFEREES FOR US TO CONTACT IF	NEEDED			
NAME:	PHONE:	RELATIONSH	IIP:		

Health and safety is our number one priority. Rainbow's End employees operate heavy machinery and manage licensed premises. We continue to be an inclusive work force and are a proud Youth Employment Pledge Partner with Auckland Council, fair representation and inclusion is important to us.

(HE(KLIST:	
COVER LETTER (OPTIONAL)	
CIRRICULAM VITAE	
PROOF OF I.D.	
DE(LARATION:	
I, declare information provided in this application and in complete. I understand that if any false or misleading suppressed or omitted, I will not be employed, of terminated. I consent to Rainbow's End seeking verbal or wrimy previous employers and/or referees.	my resume enclosed is accurate, correct and information is given, or any material factor or if I am employed, my employment may be
SIGNED:	
DATE:/	
ONCE COMPLETE, PLEASE EMAIL THIS FORM TO: info	<u>o@rainbowsend.co.nz</u>
Good luck with your application, and thank you for c	onsidering us as a potential employer!