

CADETSHIP APPLICATION

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address ­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a Driver Licence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what licence do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have access to a vehicle? Yes/No

Do you have somewhere to stay in Central Otago? Yes/No

Have you ever been charged or convicted of a criminal offence? Yes/No

If yes please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any medical conditions that may affect your work eg: colour blindness, back or limb injury?

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Please provide some information about yourself e.g. any work you have done/interests etc or attach a CV.

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I give SSCO permission to pass on my personal details given on this form to any prospective employer or relevant Government agency for the purpose of employment. I also consent to a prospective employer seeking verbal and written information on a confidential basis about me from both my previous employers and Work and Income, and authorise the information sought to be released by them to Seasonal Solutions for the purpose of ascertaining my suitability for any position I am applying for. Yes/No (Please Circle)

Apply to Andrea at [andrea@ssco.co.nz](mailto:work@ssco.co.nz) or 1 Deel Street, Alexandra PO Box 326