

Work experience application form

Where would you like to do your work experience and what program

- ☐ New Zealand: ☐ Classic work & travel program
- ☐ Kiwi cowboy/girl
- ☐ Australia: ☐ Classic work & travel program
- ☐ Kiwi cowboy/girl

Personal details

Name: -----

Date of Birth: -----

Address: -----

Phone number: -----

Mobile phone number: -----

Email: -----

Nationality: -----

Passport number: -----

Passport valid until: -----

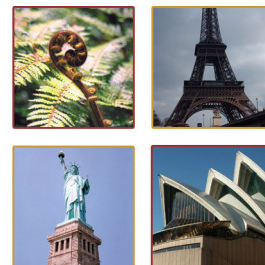
Visa type: -----

Education

What is your highest level of education (finished): -----

When did you finish: -----

What subject did you major in: -----



Which languages do you speak and what level of fluency: Beginner (B), Low (L), Sufficient (S), Good (G), Advanced (A), Fluent (F)

Skills and work experience

Do you have a driver's licence: ☐ yes ☐ No

If yes, since when do you have your licence: -----

If yes, how often do you drive: ☐ Daily ☐ A few times/week ☐ A few times/month

☐ Seldom

Have you ever had an accident: ☐ yes ☐ No

Do you want to drive in your host country: ☐ yes ☐ No

Have you ever been working on a farm: ☐ Yes ☐ No

What skills do you have that are important for your employer to know:

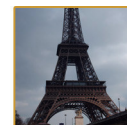
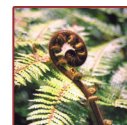
General/Relevant work experience

Employer: -----

Start date: -----

Finished: -----

Reason for leaving: -----



Tasks performed: _____

Reference (we only contact this person with your approval) person and contact details:

Employer: _____

Start date: _____

Finished: _____

Reason for leaving: _____

Tasks performed: _____

Reference (we only contact this person with your approval) person and contact details:

Employer: _____

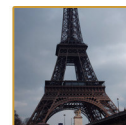
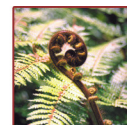
Start date: _____

Finished: _____

Reason for leaving: _____

Tasks performed: _____

Reference (we only contact this person with your approval) person and contact details:



About the applicant

Do you smoke: ☐ Yes ☐ No

Are you religious: ☐ Yes ☐ No

If yes, what is your religion: _____

Do you want to practice your religion while being in the program: ☐ Yes ☐ No

Do you have any allergies, medical or health conditions: ☐ Yes ☐ No

If yes, what is your condition and do you take medication: _____

Do you like animals: ☐ Yes ☐ No

Have you ever cared for animals: ☐ Yes ☐ No

If yes, what sort of care did you provide: _____

Name 3 positive and 3 negative characteristics that suit your personality:

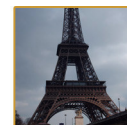
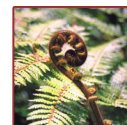
Positive: _____	Negative: _____
_____	_____
_____	_____

When can you start the program earliest: _____

When can you start the program latest: _____

How long do you wish to be in the program for: ☐ 1-3 months ☐ 3-6 months ☐ 6-12 months

I have read all the information about the work & travel program in New Zealand/Australia (please circle one) on



the website and accept the terms & conditions of the program as well as the website content.

☐ Yes

☐ No

Signature:

Place and date: