



Civilscape Limited | PO Box 503 | NEW PLYMOUTH | p 06-753 5309| f 06-753 5302 | www.civilscape.co.nz

**STAFF JOB APPLICATION FORM**

This is a confidential application for employment with **CIVILSCAPE LIMITED / TRAFFIC MANAGEMENT SOLUTIONS** and forms part of any conditions of employment. It is therefore to be completed and signed by the applicant.

We are an equal opportunity employer. We hire, train and promote without regard to race, colour, national or ethnic origin, sex, marital status or religious belief.

**1) PERSONAL INFORMATION**

a) What position are you applying for \_\_\_\_\_

b) What is your full name \_\_\_\_\_

c) What other name(s) are you known by \_\_\_\_\_

d) What is your residential address \_\_\_\_\_

e) What is your postal address \_\_\_\_\_

f) What are your contact phone nos? \_\_\_\_\_ home \_\_\_\_\_ mobile

g) What is your date of birth \_\_\_\_\_

h) Do you hold a current New Zealand Drivers Licence Yes / No

In what classes 1 2 3 4 5 6 Dg W T R P F

i) Bank account details \_\_\_\_\_  
\_\_\_\_\_

j) IRD Number \_\_\_\_\_

k) Are you a New Zealand Citizen Yes / No

If you are not a New Zealand citizen and if you do not have the right of permanent residency here, then New Zealand Immigration requires the company to ask the following questions:

l) Do you have a work permit Yes / No

m) Can you produce the evidence for the above if required Yes / No

**2) EDUCATION & QUALIFICATIONS**

a) List your education and qualifications here:

Name of School/Teaching Institute/University	Dates Attended	Qualifications Obtained

**3) OCCUPATION QUALIFICATIONS**

a) List your occupation qualifications here:

Occupation Qualifications	Certificates sighted – yes or no

b) Do you hold a current first aid certificate Yes / No

Where appropriate, you will be required to produce the original qualification documents.

c) Are you currently studying or planning to study for any qualifications? Yes / No



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If yes, please give details:

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**4) EMPLOYMENT RECORD**

a) List your current or most recent employer first:

Employer	Dates of Employment	Reason for Leaving

**5) REFERENCE CHECKS**

- a) Are we able to discuss references with your past employers      Yes / No
- b) Are we able to contact your current employer prior to a job offer      Yes / No

**6) HEALTH**

a) This company is concerned about delivering a high standard of care to our clients. We are also concerned about your safety and health. Is there anything that may inhibit your work performance?

Yes / No

If yes, please supply details:

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b) In the past 12 months, how many days have you had away from work due to:

Sickness \_\_\_\_\_ days

Injury \_\_\_\_\_ days

Domestic \_\_\_\_\_ days

Other Leave \_\_\_\_\_ days

c) Have you had any ACC claims?

Yes / No

If yes, please give details:

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d) Who shall we contact in the event of illness or accident:

Name \_\_\_\_\_

Relationship with you \_\_\_\_\_

Contact Phone \_\_\_\_\_



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**7) GENERAL**

a) Are you flexible as to the hours you are able to work? Yes / No

If no, please give details:

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b) Have you had any Court convictions in the past ten years? Yes / No

c) Are you currently awaiting the hearing of any charges? Yes / No

d) As a condition of employment, would you agree to your wages being paid by direct credit to your bank account? Yes / No

If your application is successful, you will be required to work overtime as and when required and to abide by company rules and procedures.

e) If your application is accepted, when could you start work?

Give details:

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**8) DECLARATION**

I, \_\_\_\_\_ HEREBY DECLARE that the answers to the questions in the application are true and correct, I accept that should my application be successful, the foregoing information will form part of my contract of employment and falsification of any information is grounds for dismissal. I agree to undergo a pre-employment drug screening test.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_