



CANDIDATE INFORMATION FORM

TODAYS DATE

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Full Name

Address

Suburb City

Mobile

Email

Emergency Contact Name Relationship to you

Mobile

IRD Number

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Tax Code

BANK ACCOUNT DETAILS

Bank Holder Name Name of Bank

Full Account Number

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DATE AVAILABLE TO START

Are you legally entitled to Work in NZ: Yes No

NZ Citizenship Yes No

Permanent Residence Yes No

NZ Work Visa Yes No If yes proof

Do you have criminal convictions in the last 5 years: Yes / No If Yes, please explain:

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Have you had any ACC related claims in the last 5 years (If yes, please explain):

.....

Do you have existing medical conditions that might affect your ability to perform your role (please specify):

.....

Are you taking any medication, please specify

.....

Do you smoke? Y / N

Have you been involved in any vehicle accidents in the past 10 years please specify

.....

What are your hobbies and interests?

.....

Do you have a COVID-19 Vaccine Pass? Y / N

Do you consent to have your pass scanned by Staffline and shared, if requested, to our clients? Y / N

What is your expected starting pay rate with Staffline?

Do you have your own vehicle? Yes No

What shifts can you work? Day Night

Are you currently employed? Yes No

DRIVING DETAILS

Vehicle Combinations, Gen Freight, Curtain Sider, Refrigeration, Truck&Trailer, Containers, Tippers, Road Ranger, Flat Deck, B Train, Chains & Twitches, Semi, Tanker, Swinglift, Other....

Classes: 1 2 3 4 5 6

Endorsements: DG F P WTR Hiab Osh Swinglift

How did you hear about Staffline?

EMPLOYMENT HISTORY

1. Dates

Company Name

Title



Duties

Reason for leaving

2. Dates

Company Name

Title

Duties

Reason for leaving

REFEREES

Please name two people (whose consent you have obtained) who know you well as an employee, that Staffline can contact. Nominate people able to comment on your ability to perform the duties of the position for which you have applied.

Name Company

Position Held Number

Name Company

Position Held Number

In accordance with the Privacy Act Staffline will contact your referees listed for a reference. Staffline will also obtain personal information about you for your application and keep it confidential. By signing below, you give Staffline and its associate's permission to do so.

DECLARATION

I confirm that all information provided is true and correct.
I also confirm that I am happy for Staffline to refer me to their clientele for employment and disclose relevant confidential information to the client where necessary.
I confirm that I will not independently approach Staffline clients for employment opportunities.

SIGNATURE

DATE