



TRAFFIC MANAGEMENT

EMPLOYMENT APPLICATION FORM

PLEASE COMPLETE THIS APPLICATION FORM AND EMAIL TO traffic@civforce.com.au

We thank you for your application.

PERSONAL DETAILS

First Name: _____ Last Name: _____

Address: _____

Suburb: _____ Post Code: _____

Home Phone: _____ Mobile: _____

Email: _____

QUALIFICATIONS

Traffic Control Level (please circle): 1 2 3 4

Traffic Control No: _____

Experience (years) (please circle): <1 1-2 2-3 3-4 4-5 >5

Ute Driver Experience (please circle): YES / NO

Current Driver's Licence (please circle): YES / NO

Class (please circle): C MR HR

PREFERENCES

Please tick the type of work that you are available for:

Days

Nights

Away from home

Full Time

Part Time

Casual

REFERENCES

Referee No 1.

Name: _____

Company: _____

Position Title: _____

Phone: _____

Email: _____

Referee No 2.

Name: _____

Company: _____

Position Title: _____

Phone: _____

Email: _____

OTHER INFORMATION

Would you be prepared to attend a Pre-Employment Medical Assessment (please circle): YES / NO

Would you be prepared to do a Pre-Employment Drug & Alcohol Screen (please circle): YES / NO

Have you ever made a WorkCover Compensation Claim (please circle): YES / NO

If yes, details: _____
