

APPLICATION FOR EMPLOYMENT

Vacancy: _____

A. PERSONAL PARTICULARS

Surname: _____

First Names: _____

Identity Number: _____

Title: Age: Gender: Male: Female:

Do you have any disabilities (as defined by Dept. Of Labour): Yes: No:

If Yes, Specify: _____

Nationality: _____

If not a SA citizen, do you have a work permit? Yes: (Copies Required) No:

Residential Address: _____

Postal Address: _____

Postal Code: _____

Telephone Number: _____ (W) _____ (H)

_____ (Fax) _____ (C)

Email Address: _____

Marital Status: Married: Divorced: Single: Widow/er

B. LANGUAGE PROFICIENCY

	Speak	Read	Write
English			
Afrikaans			
Other/Ander			

Key	
A	Excellent
B	Good
C	Fair
D	Poor

C. QUALIFICATIONS

Highest School Qualification: _____

Post-School Qualifications: _____

Date	Qualification	Institution

If you are currently studying, give full details:

Nature Of Studies	Institution

D. PARTICULARS OF COURSES COMPLETED

Date	Nature Of Course	Institution

E. EXPERIENCE

Particulars of previous employers

Name and Address:				
Position:				
Period of service:	From:		to:	
Nature of duties:				
Reason for leaving:				
Salary at termination:				

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Position:				
Period of service:	From:		to:	
Nature of duties:				
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Position:				
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Reason for leaving:				
Salary at termination:				

F. HEALTH

Are you in good health currently?

Yes: No:

If No, Specify: _____

Give details of any illness or injury which could affect your job performance:

G. OFFENCES

Have you ever been convicted of a criminal offence?

Yes:

No:

If the answer to the previous question is "Yes", provide the following information:

Nature of the offence	Date	Place where committed	Sentence

Is there any criminal offence pending against you?

Yes:

No:

If the answer to the previous question is "Yes", provide full details in this regard:

H. LEISURE TIME

Participation in clubs, sporting activities and hobbies:

I. GENERAL

Do you possess or have access to the use of a motor vehicle?

Yes:

No:

Do you possess a valid driver's license?

Code:

Have you ever been declared insolvent?

Yes:

No:

Earliest Date You Can Assume Duty?

Are You Available For Transfer To Other Centers?

Yes:

No:

Do you have any contractual or financial liability towards your present employer?

Yes:

No:

SIGNATURE OF APPLICANT

DATE

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by _____ (the company), I _____ hereby agree and certify that:

1. The information contained on this form is true and accurate to the best of my knowledge;
2. I understand that false, inaccurate or misleading information, in this application, will constitute sufficient cause for refusal of hire or may result in my termination due to dishonesty;
3. Neither the acceptance of this application nor any subsequent interview(s), either for the position applied for or any other position, shall serve to create an actual or implied expectation of an offer of employment and I realise that the completion of this form gives me no rights which I do not currently have;
4. I authorise the company to investigate all statements contained in this application concerning my education, employment experience / history and all other aspects of my background relevant to my proposed employment, including contacting schools, previous employers, references and similar institutions.
I hereby release the company, its employees and any other company, institution or person that provides the above information to the company, from any and all liability arising from such investigations.
5. I understand that the company requires pre-employment testing / examination for, but not limited to EMPS and I voluntarily consent to:
 - a. Alcohol Testing;
 - b. Polygraph Testing;and I voluntarily consent to such testing / examination and confirm that compliance with and positive result of such testing / examination is a precondition for my employment and refusal to undergo testing / examination may result in a negative inference to be made in the evaluation of my application. I further release the company, its employees and any other company, institution or persons, from any and all liability arising out of or related in any way to such testing / examination.

SIGNATURE OF APPLICANT: _____

DATE: _____