



**PRIVATE & CONFIDENTIAL**

**APPLICATION FOR EMPLOYMENT**

POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

SURNAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBERS: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (CELL) \_\_\_\_\_

IDENTITY NUMBER: \_\_\_\_\_

DRIVERS LICENCE CODE: \_\_\_\_\_ SOB REGISTRATION NO: \_\_\_\_\_

Do any of your relatives work here?	Yes	No
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Have you applied to this company before?	Yes	No
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If yes, when and for what position?: \_\_\_\_\_

**SCHOOLING**

Name: \_\_\_\_\_ Town/Country: \_\_\_\_\_ Standard passed: \_\_\_\_\_

**HIGHER EDUCATION**

Institution	Courses passed	Date	Major Subjects

**IF CURRENTLY STUDYING, state details**

Institution	Courses	Subjects passed	Date completed

**LANGUAGE PROFICIENCY**

Language	Speak	Read	Write

**CURRENT EMPLOYMENT**

Company Name: \_\_\_\_\_

Position: \_\_\_\_\_

Period of employment: \_\_\_\_\_

Co No: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Company Name: \_\_\_\_\_

Position: \_\_\_\_\_

Period of employment: \_\_\_\_\_

Co No: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Company Name: \_\_\_\_\_

Position: \_\_\_\_\_

Period of employment: \_\_\_\_\_

Co No: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we approach your previous employers for comment?

Yes	No
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May we approach your present employers for comment?

Yes	No
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Do you have to give notice to your present employer?

Yes	No
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Do you have any active interest in other businesses or organisations?

Yes	No
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If yes, give full details \_\_\_\_\_

Salary expected per month: \_\_\_\_\_ When can you start? \_\_\_\_\_

**I HEREBY CERTIFY THAT THE ABOVE PARTICULARS ARE, TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT. FAILURE TO DISCLOSE THIS INFORMATION COULD LEAD TO NON EMPLOYMENT OR IF EMPLOYED CONTRACT TERMINATION OR DISCIPLINARY ACTION IN TERMS OF THE COMPANIES DISCIPLINARY CODE.**

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

PLEASE ATTACH THE FOLLOWING:

- *Certified copy of ID*
- *Certified copy of SOB Registration*
- *Fingerprints taken by SAPS*
- *Proof of residential address (lights and water account or affidavit)*
- *Colour ID Photograph*
- *Proof of Physical fitness*

**\*\*\*\*\* ALL APPLICANTS MUST HAVE A BANK ACCOUNT\*\*\*\*\***