

**PLEASE NOTE:** This form must be completed in ink by the applicant in his/her **own handwriting** and certified copies of educational certificates must be attached.

Entity's Name

.....

Position Applied for

## **EMPLOYMENT APPLICATION FORM**

### **A EMPLOYMENT**

### **B PERSONAL INFORMATION**

1. Surname .....	2. First Names .....
3. Permanent Postal Address ..... .....	4. Residential Address ..... ..... .....
5. <b>Personal</b> Email Address .....	
6. Cell Number .....	7. Identity Number .....
8. Have you got any Physical or Mental Disability which may adversely affect your employment? (If so, describe) ..... .....	

### **C QUALIFICATIONS**

#### **C1 HIGHEST SCHOOL STANDARD**

Name of School Attended	From	To	Standard Completed	Subjects
.....	.....	.....	.....	..... ..... ..... .....
.....	.....	.....	.....	.....

#### **C2 POST SCHOOL TRAINING**

Supply details:

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### C3 OTHER TRAINING

Supply details:

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### C4 CERTIFICATES ATTACHED

1	_____	3	_____
2	_____	4	_____

### D EMPLOYMENT HISTORY

Employer (Company Address, Telephone No.)	Position Held	From	To	Reason for Leaving
..... ..... ..... ..... .....	..... .....	.....	.....	..... ..... ..... ..... .....
..... ..... ..... ..... .....	..... .....	.....	.....	..... ..... ..... ..... .....
..... ..... ..... ..... .....	..... .....	.....	.....	..... ..... ..... ..... .....

Are you currently employed?	Yes	No
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If so, Name of Current Employer and Address	..... ..... ..... .....
Telephone	(.....).....
Is your present Employer aware that you are applying for this position?	Yes <span style="float: right;">No</span>
Reasons for wishing to terminate services	..... ..... ..... .....

**E SUPPLY THE NAMES AND ADDRESSES OF TWO PERSONS (NOT FAMILY) FROM WHOM WE MAY OBTAIN REFERENCES**

	Name of Person	Address	Telephone
1	..... ..... .....	..... ..... .....	.....
2	..... ..... .....	..... ..... .....	.....

**F DRIVER'S LICENCE**

Do you have a valid driver's licence?	Yes <span style="float: right;">No</span>
Code	

**G FURTHER INFORMATION**

Name and Contact No. of Contact Person	
Current Salary	
Salary Expected	
Earliest Date Able to Commence Duties	

I declare that the above information is true and that I have not withheld any information regarding myself and understand that if appointed, any false information supplied could lead to my immediate dismissal.

.....  
**SIGNATURE**

.....  
**DATE**