

APPLICATION FOR EMPLOYMENT

I hereby authorize the Company, the Company's Human Resource Department, and authorized Management team to use, review and process any personal information provided to the company during my application and employment as well as any information that I have provided in support of my application. I understand my right to privacy and the right to have my personal information processed in accordance with the conditions for the lawful processing of personal information and hereby give my consent to the Company to collect process and distribute relevant personal information where the company is legally required to do so.

Position applied for: _____

A. PERSONAL PARTICULARS

Surname

First Name/s

Identity Number

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Age: Title Gender

Do you have any disabilities (As defined by the Labour Department)

If yes, Specify: _____

Nationality:

If not a SA Citizen, do you have a work permit:

Do you have a Restraint of Trade?

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 : _____

Highest NQF Level : _____

QUALIFICATION	DATE	INSTITUTION

If you are currently studying, give full details:

NATURE OF STUDIES		INSTITUTION	

D. PARTICULARS OF COURSES COMPLETED

NATURE OF COURSE	DATE	INSTITUTION

F. HEALTH

- My current health condition is excellent?

Yes	No
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- 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
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- If "yes", provide the following information:

NATURE OF OFFENCE	DATE	PLACE WERE COMMITTED	SENTENCE

- Is there any criminal offence pending against you?

Yes	No
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GENERAL

- Do you possess a valid driver's licence?

Y	N
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Code: _____

- Have you ever been declared insolvent?

Y	N
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- Have you ever been dismissed?

Y	N
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- If yes, Why? _____

You do have reliable transport to the working office?

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

Y	N
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You hereby agree that the CV that was submitted to the Company and complete information on the Application of employment form are all correct.

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 all liability arising from such investigations.
5. I understand that the company requires pre-employment testing / examination for, but not limited to, the following:
 - a. Narcotics Testing.
 - b. Alcohol Testing.
 - c. Polygraph Testing.
 - d. Medical Examination.

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 all liability arising out of or related in any way to such testing / examination.

SIGNATURE OF APPLICANT: _____ DATE: _____