

HRR02 Application for employment form

2016/07/15

Please note:

This application must be completed in the applicants own handwriting. All information submitted will be treated with the strictest confidentiality.

Position applied for:

**PARTICULARS OF APPLICANT
(COMPLETE IN BLOCK LETTERS)**

1. PERSONAL INFORMATION:

1.1 SURNAME: _____ ID NO _____
 (Attach Certified Copy of ID)
 FIRST NAMES: _____ CALLED BY: _____

1.2 ADDRESS: RESIDENTIAL _____ POSTAL _____

1.3 TEL. NO (H): _____ (W) _____ (C) _____

1.4 DATE OF BIRTH: _____ AGE: _____ PLACE OF BIRTH: _____

1.5 ARE YOU A SOUTH AFRICAN CITIZEN? YES/ NO. _____. IF "NO" DO YOU HAVE A CURRENT WORK PERMIT? YES/ NO _____. PLEASE ATTACH CERTIFIED COPY OF PERMIT? AND COPY OF PASSPORT.

1.6 HOBBIES OR INTERESTS: _____

1.7

| LANGUAGES (STATE PROFICIENCY) | SPEAK | READ | WRITE |
|----------------------------------|-------|------|-------|
| HOME LANGAUGE | | | |
| OTHER | | | |

1.8 MARITAL STATUS :

| | | | | | | | | | |
|---------|--|--------|--|----------|--|----------|--|----------|--|
| MARRIED | | SINGLE | | DIVORCED | | WINDOWED | | SPINSTER | |
|---------|--|--------|--|----------|--|----------|--|----------|--|

1.9 NO OF DEPENDANT CHILDREN

| NUMBER (MARK WITH X) | | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----------------------------|--|---|---|---|---|---|---|---|
| AGE (START WITH FIRSTBORN) | | | | | | | | |
| SEX (M/F) | | | | | | | | |

1.10 SPOUSE'S FIRST NAME AND SURNAME: _____

WORK ADDRESS: _____

TEL NO: (W) _____ (H) _____ (C) _____

1.11 NEXT OF KIN DETAILS (NOT LIVING WITH YOU)

NEXT OF KIN'S NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TEL. NO: (W) _____ (H) _____ (C) _____

2. EDUCATION AND QUALIFICATION (INCLUDING PRESENT STUDIES)

2.1

| EDUCATIONAL INSTITUTION AND TOWN (SCHOOL AND POST SCHOOL INCL APPRENTICESHIP.) | DATE OBTAINED | CERTIFICATE/ DIPLOMA/ DEGREE / GRADE (ATTACH CERTIFIED COPIES) |
|---|------------------|--|
| SCHOOL | | |
| POST SCHOOL | | |
| | | |
| | | |

MAJOR SUBJECTS PASSED OF HIGHEST QUALIFICATION:

2.2

| COURSES AND/OR OTHER TRAINING ATTENDED | DATE COMPLETED | CERTIFICATE OBTAINED |
|--|-------------------|----------------------|
| | | |
| | | |
| | | |
| | | |

2.3

REGISTERED WITH PROFESSIONAL AND/ OR TECHNICAL SOCIETY:

NAME OF SOCIETY: _____

NATURE OF MEMBERSHIP: _____

2.4

DETAILS OF DRIVER'S LICENCE/S (ATTACH CERTIFIED COPY):

| DATE ISSUED | CODE | EXPIRING DATE | VALID PUBLIC PERMIT | DATE ISSUED / EXPIRING |
|-------------|------|---------------|---------------------|------------------------|
| | | | | |
| | | | | |

COMPLETE IF APPLYING FOR A DRIVER'S POSITION: ACCIDENT RECORDS:

DATE 1: _____ DETAIL: _____

DATE 2: _____ DETAIL: _____

3.

EMPLOYMENT HISTORY

PLEASE PROVIDE THE DETAILS REQUESTED BELOW COMMENCING WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT:

3.1

NAME AND ADDRESS OF PRESENT OR MOST RECENT COMPANY: _____

EMPLOYED FROM: _____ TO: _____ LAST GROSS SALARY P/M: _____

POSITION, DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

REPORTING TO NAME: _____ POSITION: _____

3.2

NAME AND ADDRESS OF PREVIOUS COMPANY: _____

EMPLOYED FROM: _____ TO: _____ LAST GROSS SALARY P/M: _____

POSITION, DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

REPORTING TO, NAME: _____ POSITION: _____
 (Additional information should be completed on a separate sheet.)

4. REFERENCES TO WHOM YOU AGREE WE CAN REFER (PREVIOUS EMPLOYERS INCLUDED)
 (PLEASE SUPPLY AT LEAST THREE NAMES AND TELEPHONE NUMBERS OF PERSONS WE MAY CONTACT AS A REFERENCE).

| COMPANY | NAME OF PERSON | POSITION | TEL. NR |
|---------|----------------|----------|---------|
| | | | |
| | | | |
| | | | |

5 GENERAL
 5.1 DETAILS OF ANY PHYSICAL OR MENTAL DISABILITIES, ILLNESSES, OR OPERATIONS EG. TB, KIDNEY OR BACK PROBLEMS, ETC.

HAVE YOU HAD A MAJOR ILLNESS IN THE PAST FIVE YEARS? YES/NO. _____ IF "YES", SPECIFY

DO YOU USE MEDICATION? YES/NO _____ IF YES, SPECIFY

WOULD SUCH DISABILITY/ ILLNESS/ MEDICATION PRECLUDE YOU FROM PERFORMING CERTAIN KINDS OF WORK OR WORK IN CERTAIN AREAS? YES/NO. _____ IF "YES" SPECIFY.

5.2

| QUESTION | YES | NO | If yes please specify |
|--|-----|----|-----------------------|
| Have you been convicted of a crime in the past ten years? | | | |
| Any criminal prosecutions? | | | |
| Any civil action? | | | |
| Any disciplinary investigation (CCMA/ DRC) pending against you? | | | |
| Do you use alcohol? | | | |
| Do you smoke? | | | |
| Do you participate in sport? | | | |
| What method of transport do you use to get to and from work? | | | |
| Are you willing to take aptitude tests or related tests? | | | No need to specify. |
| Are you prepared to wear corporate clothing? | | | |
| Are you prepared to work overtime? | | | |
| Are you prepared to work away from home occasionally? | | | |
| Are you prepared to be transferred? | | | |
| Do you agree to go for a polygraph test should it ever be necessary to have this done? | | | |
| Do you agree to have an alcohol test done should you ever be requested to go for one? | | | |
| Will you treat company information confidential? | | | |

5.3 SHOULD YOUR APPLICATION BE SUCCESSFUL, ON WHAT DATE WILL YOU BE AVAILABLE TO START WORK? _____

5.4 WHAT TYPE OF WORK DO YOU LIKE?

5.5 WHAT TYPE OF WORK DO YOU DISLIKE?

5.6 HOW DID YOU HEAR OF THIS POSITION? _____

| | | |
|--------------------------------|-----|----|
| <u>APPLICATION FORM WAIVER</u> | Yes | No |
|--------------------------------|-----|----|

| | | |
|--|--|--|
| | | |
| <p>In exchange for the consideration of my job application by Westvaal _____, I _____ hereby agree and certify that:</p> | | |
| The information contained on this form is true and accurate to the best of my knowledge. | | |
| 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; | | |
| 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; | | |
| 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. | | |
| <p>I understand that the company requires pre-employment testing for, but not limited to, the following:</p> <ul style="list-style-type: none"> a. Narcotics Testing; b. Alcohol Testing; c. Polygraph Testing; <p>and I voluntarily consent to such testing and confirm that compliance with such testing is a precondition for my employment and refusal to undergo testing may result in a negative inference to be made in the evaluation of my application.</p> <p>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.</p> | | |
| I hereby agree that the company can duly appoint an authorized verification agent to forward my fingerprints, and any other personal information to verification information suppliers acting on behalf of the verification agent. (Including but not limited to the South African police Services, the South African Criminal Record centre, Government of the RSA and any relevant educational, training and credit organizations) for the purposes of verifying and personal credentials and records. | | |
| I further more authorize the verification agent's verification information suppliers to furnish information regarding my license, criminal, credit professional and educational history to the verification agent and the company. I furthermore unconditionally indemnify the verification agent and its verification information suppliers against any liability that may result from furnishing information in this regard. | | |
| I understand that the only verification done will be in respect of inherent job requirements and that the information provided by the verification agent will not be used to discriminate against me as a possible candidate unless the position I am applying for requires specific clearances in terms of credit profile, criminal records, qualifications, driver's license endorsements, etc. | | |
| I certify that the information supplied by me is true, without reservation, and I understand if employed, I will abide by the rules and regulations of the employer. Any false documents and/or statements supplied on this application shall be considered sufficient cause for summary | | |

| | | |
|--|--|--|
| termination of my employment contract. I accept any offer of employment will not be confirmed until formalities have been satisfactory completed with. | | |
|--|--|--|

SIGNATURE OF APPLICANT

DATE

THANK YOU FOR YOUR INTEREST. YOUR APPLICATION WILL BE TREATED AS CONFIDENTIAL.

FOR OFFICE USE ONLY

(OTHER EMPLOYMENT, EXPECTED SALARY, REASONS FOR WISHING TO TERMINATE SERVICE)

COMMENTS BY INTERVIEWER: _____

EMPLOYMENT ADVICE

POSITION: _____

REPORT TO: _____

STARTING DATE: _____

STARTING RATE _____

APPOINTMENT APPROVED BY: _____

DATE: _____