

APPLICATION FOR EMPLOYMENT

Please note the following

- This application form must be completed in ink and in your own writing.
- Successful application, who have intentionally give false information or have withheld important particulars will be subject to immediate dismissal
- Information will be treated as strictly confidential.

Full Name and Surname	
ID Nr.	
Position Applied For	ASSISTANT: OFFICE- AND PERSONAL
	If appointed – when can you start, or how much notice must you serve with your current employer?
South African Citizen	Yes / No
Race	African, White, Coloured, Indian
Gender	Male or Female
Religion	

PERSONAL DETAILS

Full Name			
Surname			
ID Nr.			
Home Address			
Postal Address			
Marital Status		Gender	
Nationality		Age	
Do You have a disability?		Yes or No	
Do you have an illness?		Yes or No	
General Health Condition	10/10 is good	6/10 is average	4/10 is poor
How many days sick leave in the last 3 years?			

Telephone nr (H)		Telephone nr (C)	
Telephone nr (W)		E-Mail Address	
Preferred method of correspondence	Cellphone	Email	Whatsapp

DO YOU HAVE A VALID DRIVERS LICENSE?
(Please attach a copy)

YES / NO

DEPENDANTS

Full Name	Relationship	ID Nr

NEXT OF KIND EMERGENCY CONTACT DETAIL

Full Name	
Surname	
ID Nr.	
Home Address	
Postal Address	

Telephone nr (H)		Telephone nr (C)	
Telephone nr (W)		E-Mail Address	

EDUCATION

Year Obtained	Institute	Qualification	NQF

LANGUAGE PROFICIENCY

Language	Speak	Read	Write
Preferred Language			

MEDICAL

Would you be prepared to undergo a pre-employment medical examination? _____

Conditions of health: (Give details and dates of any operations undergone, serious illnesses, mental or physical defects? _____

Have you ever been medically boarded or declined unfit for work by a previous employer? If so, please give details? _____

Are you vaccinated? _____

If not vaccinated, why not? _____

Do you smoke? _____

EMPLOYMENT HISTORY

Date From	Date To	Employer	Position	Salary	Reason Leaving

REFERENCES

Company Name	Contact Person	Contact Nr.	Position in Company

Is your current employer aware of your application? _____

May we contact your Employer for a reference? _____

What is your current gross salary per month? _____ What salary to you expect? _____

CRIMINAL RECORD

Have your ever been **convicted of any criminal offense**? _____

If yes please provide details. _____

Do you have a **criminal Record**? _____

If yes please provide details. _____

Were you ever **dismissed from employment**? _____

If YES, please provide details _____

TAX DETAILS

TAX Number	
Revenue Office	

I, the undersigned, undertake that all the above information is true and that any misrepresentations of fact on this application may render any further employment agreement null and void.

Signed at _____ on _____

Applicant

Office Use:

Employee Nr		Job Grade	
Date Engaged		Cost Code	
Department		Salary	

JOB TITLE	
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BANKING DETAIL – only when appointed

Bank / Financial Institute	
Account Holder	
Account number	
Branch	
Branch Code	
Type of account	

On behave of ALTARA FINANCIAL SERVICES CC