



STRICTLY CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

PLEASE SEE NOTES AT THE BOTTOM OF THIS PAGE

Application For Employment As:
Region
Department

PERSONAL DETAILS

First Names	Surname: Mr/Mrs/Miss/Doctor/Prof./Adv.	Gender

Residential Address	Postal Address
Postal Code:	Postal Code:
Telephone: Cellphone:	Alternative Telephone/Cellphone

Id No.:	Date of Birth	Country of Birth	Nationality	Race
Marital Status	Number of dependent children and their birth dates			
Driver's Licence:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CODE:	
Endorsements of Licence:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Religious Affiliation:	

1. This form must be completed in your own handwriting and in block letters.
2. Any false statement in this application renders a successful applicant to instant dismissal.
3. No original documents should accompany this form.

EDUCATION AND TRAINING

Highest school qualification obtained:

Dates		Name of school attended	Standard Completed	Subjects passed and symbols obtained
From	To			

Tertiary Education

Dates		Name of College / University	Degree Completed	Subjects passed
From	To			

Technical, Professional or Occupational Training. To include apprenticeships, articles, evening, full time day and day release courses, correspondence courses, company courses.

Dates		Type of training	Subjects studied	College, Firm, Institute	Qualifications gained
From	To				

Knowledge of Languages (State Good, Fair, Slight)

Language	Read	Write	Speak
Setswana			
English			
Afrikaans			

EMPLOYMENT HISTORY

Please give details here of all positions held since completing your full time education. Start with your present or most recent position and work back

Dates		Name of employer, address and nature of business. Include any service with the armed forces.	Designation	No. of subordinates	Initial salary Final salary		Reason for leaving or wanting to leave
From	To						

MEDICAL HISTORY

Please give brief details of any serious illnesses, operations and disabilities

ACTIVITIES AND INTERESTS

Please tell us about main interests and hobbies outside work	Shat official positions have you held (if any)

FULL DETAILS OF FRINGE BENEFITS

OTHER INFORMATION

Do you own a house? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you own a motor vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>
Any information you wish to add:

Have you ever been found of a criminal offence? YES NO

Signature of applicant:..... Date: --
DD MM YY

Office use only			
Position:.....		Grade:	
Appointment recommended			
Interview conducted by:	Signature	YES	NO
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
Recommended Salary R.....			
Remarks:.....			
Budget Approval:.....			
Manager: Human Resources:.....		Appointment Date: <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YY	
Computer Sheet completed:		Date entered: <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YY	
(signature)			