



JOB SEEKER APPLICATION FORM

PRIVATE AND CONFIDENTIAL

Date form Completed

Preferred Title e.g Mr, Mrs, Miss, Ms

First Name

Other Names

Surname

Only complete Position Sought if you have specific qualifications and/or experience

Position Sought

**PLEASE NOTE THAT THIS APPLICATION IS NOT ONLY FOR WORK AT SAINT GILES.
THE RECORD WILL FORM PART OF OUR JOB SEEKER DATA BASE AND WE MAY REFER
YOUR APPLICATION TO ANOTHER COMPANY WITHOUT NECESSARILY ADVISING YOU**

**Please note that some of the information requested in this form is for Employment
Equity purposes**

PERSONAL INFORMATION

Residential Address			
Postal Address			
			Postal Code
Contact Details	Home Phone	Work Phone	
	Mobile	E Mail	

Identity Number	Race
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Drivers Licence No	Drivers Licence Type
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Drivers Licence Expiry Date

If not a South African citizen, please supply work permit number

Work Permit Number	Nationality
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Details of Disability	

Special Access Requirements, if any	

EDUCATION AND TRAINING

School	Highest Standard Achieved	Date

Subjects Passed	

Name of Last School

Tertiary	Name of College, University etc	Date From	Date To	Qualification Obtained (specify major subject)
1				
2				
3				
4				

Specify details of any short courses or special training received

OUTSIDE INTERESTS**Membership of Professional or Technical Institutes or Bodies. Specify**

	Name of Institute	Position Held
1		
2		
3		
4		

Any commitments, obligations or interests which may have a bearing on your employment?

(For example: Sport involvement, Religious involvement, Directorship, private business interest)

Yes	Cross on
No	Applicable

If Yes, please specify

EMPLOYMENT RECORD

Are you presently employed?	Cross on	Have you been employed before?	Cross on applicable
Yes		Yes	
No		No	

If you have answered Yes to either question above then complete this section

If you have answered No to both the above questions move onto the employment of family relatives

Name of Present/Last Employer

Nature of Business

Position Held	Start Date
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Job Title of Immediate Supervisor

Summary of Main Duties	

Reason for wanting to leave present Employer	

Previous Employment Details if any

	Name of Employer	Date From	Date To	Position Held
1				
2				
3				

PRESENT REMUNERATION

Cross on applicable

Cross on applicable

Frequency of Pay?	Weekly	Pay Type?	Hourly Rate	Hourly Rate Value
	Monthly		Salary	Basic Monthly Salary

Retirement Fund	Medical Aid
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Any Other Allowances?

EMPLOYMENT OF FAMILY

Cross on applicable

Do you have any family members working for Saint Giles?

Yes	No
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In the event that you are considered for employment with Saint Giles, please list below any family members who already work for Saint Giles and your relationship to them

	Name of Family Member	Your relationship to them
1		
2		
3		
4		

AVAILABILITY

Cross on applicable

Immediate	14 days	4 weeks	Calendar Month
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CRIMINAL RECORD

Cross on applicable

Have a been found guilty of any criminal offence?

Yes	No
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If Yes, please provide details

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REFERENCES

Give the names of two persons we may contact for a reference. 1 should be a previous employer if you have one and 2 should be a personal reference who is not a family member

	Person to Contact	Employer	Telephone Contact Details
1			
2			

CONSENT

Notwithstanding the Criminal Record above, I do hereby give my unqualified consent to Saint Giles Association for the Handicapped, hereinafter referred to as Saint Giles, to make whatsoever enquiries it deems fit about me in connection with my suitability for employment

In addition, I indemnify and hold harmless Saint Giles, its Directors, its Employees, its Agents and its representatives against any claim, cost or expenses of whatever nature that may arise as a result of or leading from the enquiry referred to above

I confirm that I understand the contents of the above indemnity and I have no objection to signing this document

DECLARATION

I declare that all the information in this application is correct to the best of my knowledge and belief. I understand that any misrepresentation of fact in this application by false declaration, omission of information or both will constitute grounds for my employment to be terminated at any time

SIGNATURE

Signed on thisday of 201.....at Durban

Signature