



SENTRAAL-SUID
KOÖPERASIE • CO-OPERATIVE
BPK • LTD

APPLICATION FOR EMPLOYMENT

Please complete the following. Information given will be treated as strictly confidential. Only certified copies of certificates must be attached to the application.

Position applying for:

A. PERSONAL DETAILS

Surname:

Name/s:

Residential Address:

..... Code:

Postal Address:

..... Code:

Telephone numbers:

Home: (.....)..... Work: (.....)..... Cell:

Identification number:

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Age:

Gender:

Marital Status:

Dependant/s (children): Age/s:

Other dependants: Age/s:

Do you have a drivers licence? Code:

Full name of spouse:

Are you a South African citizen?

Tax Number:

B. LANGUAGE PROFICIENCY

(Please mark with a X)

	GOOD	FAIR	POOR
Afrikaans			
English			
Other			

C. HEALTH

Have you experienced any serious health problems?

If yes, what is the health problem you are experiencing?

Are you on medication or medical treatment at present?

Do you have any allergies?

Do you have any physical disabilities? If yes what type of disability?

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D. QUALIFICATIONS

NAME OF SCHOOL		
HIGHEST STANDARD AND SUBJECTS PASSED		

University, Technical, Professional or any other qualifications:

NAME OF INSTITUTION	QUALIFICATION ACHIEVED	DATE

Proof of qualification must be presented.

Are you presently busy with further studies?

If yes, what are you presently studying?

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Have you ever been declared insolvent?

Have you ever been convicted of a crime?

Hobbies and other interest?

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E. EMPLOYMENT HISTORY

(Starting with your present employer, list employees in succession to your first employer.)

EMPLOYER	POSITION HELD	STARTING DATE	TO
1.			
2.			
3.			
4.			
5.			

Reasons for resignation/termination of employment (Match with numbers above):

1.			
2.			
3.			
4.			
5.			

F. REMUNERATION (Per month)

	PRESENT EMPLOYER	EXPECTED
GROSS SALARY (T.C.O.E)		
INCENTIVES		
OTHER (SPECIFY)		

G. REFERENCES

NAME OF COMPANY	CONTACT PERSON	POSITION HELD	TELEPHONE NO.

Should your application be successful, on which date will you be able to start employment?

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Supply any other information not covered in this form:

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I, the undersigned, hereby declare that all the information in this application form is to the best of my knowledge, true and correct and that I am aware that any false or incorrect information may lead to the immediate termination of my employment at SSK.

Signed at on this day of

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Signature

FOR OFFICIAL USE ONLY

Interview conducted by:

Date:

Comments:

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