



**SENTRAAL-SUID**  
KOÖPERASIE • CO-OPERATIVE  
BPK • LTD

## APPLICATION FOR EMPLOYMENT

This form must be completed in full and in your own handwriting. The information that you provide will be dealt with as strictly confidential. A legible copy of your identity document and drivers licence (if applicable) must be attached hereto.

Position for which you are applying: \_\_\_\_\_

On which date, in the event that your application is successful, will you be able to commence employment? \_\_\_\_\_

Do you prefer Afrikaans or English for purposes of official communication: \_\_\_\_\_

### A. PERSONAL DETAILS

Surname: \_\_\_\_\_

Full Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

#### Contact Numbers:

Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Identity Number:

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Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Population Group: \_\_\_\_\_

Do you possess a valid drivers license? \_\_\_\_\_

Code: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Number of Dependants: \_\_\_\_\_ Ages: \_\_\_\_\_

Full Names of Spouse / Life Partner: \_\_\_\_\_

Are you a South African citizen? \_\_\_\_\_

SARS Tax Number: \_\_\_\_\_

## B. LANGUAGE PROFICIENCY

(Mark with a "X")

	GOOD	FAIR	POOR
Afrikaans			
English			
Xhosa			
Zulu			
Other			

## C. HEALTH

Do you currently experience or suffer from any serious health related condition(s)? \_\_\_\_\_

If yes, please state such condition(s) \_\_\_\_\_

Do you currently use medication and/or receive medical treatment? \_\_\_\_\_

Do you suffer from any allergies? \_\_\_\_\_

Do you have any physical disabilities? \_\_\_\_\_

If yes, please state such disabilities? \_\_\_\_\_

## D. QUALIFICATIONS

NAME OF SCHOOL		
HIGHEST GRADE AND SUBJECTS PASSED		

University, Technical, Professional or any other qualifications:

NAME OF INSTITUTION	QUALIFICATION ACHIEVED	DATE

*Certified copies of qualifications must be provided upon request.*

Are you currently engaged in further studies? \_\_\_\_\_

If yes, please state particulars: \_\_\_\_\_  
 \_\_\_\_\_

**E. OTHER**

Have you ever been declared insolvent? \_\_\_\_\_

Have you ever been convicted of a crime and/or have you made any admissions of guilt? \_\_\_\_\_

If yes, please state particulars: \_\_\_\_\_

Any hobbies or other interests?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**F. EMPLOYMENT HISTORY**

(Start with your present employer and thereafter list previous employers retrospectively.)

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

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

1.			
2.			
3.			
4.			
5.			

**G. REMUNERATION (PER MONTH)**

	CURRENT EMPLOYER	EXPECTED
GROSS SALARY (TCoE)		
INCENTIVES		
OTHER (SPECIFY)		

## H. REFERENCES

EMPLOYER DETAILS	CONTACT PERSON	POSITION	CONTACT NUMBER

## I. DECLARATIONS AND CONSENT

I, the undersigned, hereby declare that I provided my personal information to SSK voluntarily and that the information is, in all respects, true, correct and up to date. I undertake to provide the employer with any additional information, required for the purposes of verification, and to immediately inform SSK if any information changes.

I hereby give SSK permission to collect, verify, process and store my personal information, as defined in the **Protection of Personal Information Act** (Act 4 of 2013) as well as the **Promotion of Access to Information Act** (Act 2 of 2000). The aforesaid can be done for any legitimate purposes connected with my potential employment, in order to comply with any statutory obligation and/or any valid agreement as well as to protect the legitimate interests of SSK and/or any third party. I am aware that I have the right to withdraw my consent at any time.

I hereby give SSK and any third party service provider permission to do background verification investigations on me. Such authorisation includes, but is not limited to, the verification of credit information, qualifications, references, disciplinary records, drivers license, identity, criminal records, social media as well as comprehensive "FAIS" and "FICA" verification.

I am aware that the purpose of background investigations is for consideration of the results by SSK as part of my application and/or my suitability for employment. I am aware that I can request SSK to disclose to me any information gathered and that I may dispute such information. I am aware of my right to privacy and my right to have my personal information processed in accordance with the conditions for the lawful processing of personal information.

I indemnify SSK and any third party from liability and/or claims for compensation in respect of any document or information obtained through such inquiries conducted in good faith. SSK and any other third party will also not be held liable for relying on any inaccurate, misleading or outdated personal information provided by me and/or any third party.

I hereby declare the following interests (including business interests, shareholding and similar) and/or potential conflicts of interest(s):

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*(If necessary, continue on a separate page)*

Signed at \_\_\_\_\_ (place) on \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name and Surname in Print

