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ADRES : Thalitha Kumi Street, East Lynn, Pretoria

## **APPLICATION FOR EMPLOYMENT**

**POSITION** : .....

### **A GENERAL**

- **Please complete document with black pen.**
- **Please provide the following documents with application.**
  - CV
  - Identity Document with a photo
  - Drivers Licence
  - Certificates of Employment
  - Proof of qualifications
- The successful candidate must submit **CERTIFIED COPIES** of all required documents prior to any appointment being finalized.
- No application documents will be returned to applicants.
- Applicants who are successful in reaching the short list, may be required by the Employer to engage in psychometric tests.
- The Employer may request the applicant to submit a medical report prior to appointment. The Applicant agrees that the Employer may request a credit and or / criminal record pertaining to the applicant.

**B GENERAL INFORMATION**

▪ TITLE:	
▪ SURNAME:	
▪ FIRST NAMES:	
▪ COUNTRY OF BIRTH:	
▪ ID NUMBER:	
▪ TELEPHONE: HOME	
▪ CELL PHONE:	
▪ E-MAIL:	
▪ HOME ADDRESS:	
▪ POSTAL ADDRESS:	
▪ MARITAL STATUS:	

**C MEDICAL HISTORY**

Are you aware of any medical condition or illness that may influence your employment?

**YES**
 **NO**

If yes, please provide the necessary details

**D ACADEMIC TRAINING AND QUALIFICATIONS**

DEGREE / DIPLOMA	UNIVERSITY / COLLEGE	MAIN SUBJECTS PASSED	DATE
1.			
2.			
3.			
4.			

OTHER QUALIFICATIONS (Please specify)

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<b>E WORK EXPERIENCE</b>				
WORK EXPERIENCE TO BE PROVIDED IN DATE ORDER				
NAME OF EMPLOYER	POSITION (Description)	DATES		REASON FOR TERMINATING SERVICE
		START	END	

<b>F LANGUAGE SKILLS (Mark appropriate block with a tick)</b>				
		<b>AFRIKAANS</b>	<b>ENGELS ENGLISH</b>	<b>ANDER OTHER (Specify)</b>
<b>1.</b>	<b>SPEAK</b>	Good	Good	Good
		Average	Average	Average
		Weak	Weak	Weak
<b>2.</b>	<b>READ</b>	Good	Good	Good
		Average	Average	Average
		Weak	Weak	Weak
<b>3.</b>	<b>WRITE</b>	Good	Good	Good
		Average	Average	Average
		Weak	Weak	Weak

<b>G REFERENCES</b>	
<b>PREVIOUS EMPLOYER (At least one)</b>	
1. NAME:	
TEL NO:	
2. NAME	
TEL NO:	
<b>OTHERS REFERENCES (At least one)</b>	
1. NAME:	
TEL NO:	
2. NAME:	
TEL NO:	

<b>H GENERAL</b>	
<ul style="list-style-type: none"> <li>DO YOU HAVE ANY CRIMINAL RECORD?</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO, PLEASE SPECIFY:	
<ul style="list-style-type: none"> <li>ARE YOU DIRECTLY OF INDIRECTLY INVOLVED WITH ANY OTHER ORGANIZATION / INSTITUTION</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO, PLEASE SPECIFY THE NATURE OF THE ORGANIZATION / INSTITUTION AND CONFIRM IF YOU INTEND TO CONTINUE YOUR INVOLVEMENT	
<ul style="list-style-type: none"> <li>EARLIEST DATE TO COMMENCE DUTIES:</li> </ul>	
<ul style="list-style-type: none"> <li>CURRENT TOTAL BRUTO COMPENSATION PACKAGE: R</li> </ul>	

