

**RECRUITMENT  
- APPLICATION FORM**



# EMPLOYMENT APPLICATION FORM

*Thank you for your interest in applying to HospiceWits. By completing this form you will assist us to give your application our full consideration. It will be handled in the strictest confidence. If you have any objections to any of the questions, please contact the HR Department.*

Position applied for:												Date:		
<b>PERSONAL DETAILS</b>														
First name(s):										Known as:				
Surname:		Title:			ID:									
										<i>Barcode ID required</i>				
Nationality:										Permanent Resident:		Y	N	
<b>Employment Equity:</b> HospiceWits is committed to the principles of Employment Equity. To assist us in monitoring this policy, please provide the following details according to the categories indicated by the South African Department of Labour.														
Black (African)			Coloured			Indian			White					
Gender:			Male		Female		Disability:		Yes		No			
Drivers licence: Yes/No		Y	N	Code:		Number		Company Car		Own Transport		Public		
Home No:						Work No:								
Cell phone:						Email:								
Residential Address						Postal Address								
Additional contact information (e.g. Spouse/Relative)														
Name				Relationship				Contact details						
<b>GENERAL INFORMATION</b>														
Current job title:								Desired position:						
Please specify preference:		Permanent		Contract		Both		Location/Site:						
Salary required:				p/h	p/m	p/a	Notice period:							
Current Package: (Basic/Benefits)														
Are you on a Medical Aid? If yes, which scheme?														
Languages: Please indicate your level of competence in the following languages, using a rating from 1-3 (1=fluent; 3=basic)														
English		Afrikaans		Zulu		Xhosa		Sotho		Venda				
Other (specify)														
Do you have any family / spouse / partner who works at the Organisation? If so, please provide details (name, department and relationship).														
<b>Medical - Your present state of health relevant to the position you are applying for, including any psychological, alcohol- or drug-related conditions.</b> (*Please note: If you have any relevant health problems, a doctor's report may be required to indicate your ability to perform the required duties, excluding any private medical information which you have not consented to be disclosed to us.)														
No health problems						Health problems*								
<b>Sex Offenders Register:</b> Are you in possession of a Sexual Offenders Clearance Certificate (not older than 24 months), or other proof that you do not qualify for inclusion in the Register? Please provide details.										Yes	No			

EDUCATION				
Name of Last School Attended	Highest Standard Attained		From (year) to (year)	
TERTIARY EDUCATION				
Degree/Diploma/Course/ Qualification	Name of Institution	Student number	From/To (year)	Results (pass/fail)
EXPERIENCE / PRIOR LEARNING / SPECIFIC TRAINING OR SKILLS				
EMPLOYMENT HISTORY (Current and previous two employers)				
Employer (Current or most recent)	Title/ Position	Dates of service	Key responsibilities	
Reason for leaving		Permission to contact superior (provide name and contact details.). If no, please explain.		
Employer (Previous)	Title/ Position	Dates of service	Key responsibilities	
Reason for leaving		Permission to contact superior (provide name and contact details.). If no, please explain.		
Employer (Previous)	Title/ Position	Dates of service	Key responsibilities	
Reason for leaving		Permission to contact superior (provide name and contact details.). If no, please explain.		
REFEREES: Please provide names and contact details of Referees who can be contacted.				
Name	Position		Telephone No. / E-mail address	

<b>Have you ever been charged / found guilty of any offence (criminally or employment-related) involving dishonesty or anything relevant to performing the duties of the position you are applying for, or are you currently under any such investigation? (If so, please give details.)</b>	<b>Yes</b>	<b>No</b>
<b>Have you ever been dismissed, retrenched or unemployed? If yes, please provide details.</b>	<b>Yes</b>	<b>No</b>
<b>Do you consent to the Organisation verifying information provided by you and to enquire into the relevant aspects of your employment history for the purpose of determining your suitability for the position? (If not, please provide reasons.)</b>	<b>Yes</b>	<b>No</b>
<b>Do you have anything to disclose which could have an effect on the employment, or trust relationship with the Organisation, or any (potential) conflict of interests? (If so, please provide details.)</b>	<b>Yes</b>	<b>No</b>

I hereby declare that I have initiated this application with HospiceWits (“the Organisation”) of my own accord and volition. I accept further that there is no obligation on the Organisation to place me in permanent or temporary employment and that no contract of employment will come into existence until and unless all terms and conditions of employment have been agreed upon and the appointment has been finally approved in terms of Organisation’s procedures.

I hereby declare and certify that all the above information, including all information and documents relating to my qualifications and experience as submitted by me, is true, correct and complete in every aspect. I understand that the Organisation will have the right to withdraw any offer of employment or terminate my employment if anything represented by me in this application is proved to be incorrect or incomplete.

I further accept that the Organisation places a premium on a relationship of trust with its employees and that it must take reasonable steps to ensure the integrity and honesty of applicants for employment and their suitability for an educational environment. I acknowledge that I will be required to deal directly with minor children, the community, monies, assets or property of the Organisation and, in view of the high degree of trust required by my possible employment, I agree to the following:

- 1) That my fingerprints may be taken and be placed at the disposal of the police or similar government body in any place where I may be placed in employment.
- 2) That the police or other applicable body may furnish the Organisation with full details concerning any previous convictions and/or other relevant information in their possession, including court orders and/or judgments given against me.
- 3) That the Organisation may conduct a credit check enquiry with a credit information company of its choice.
- 4) That the Organisation may require me to undergo such psychological / medical evaluation or similar assessment which it may require to determine my suitability for employment.

I hereby authorise any of my former employers to furnish a record of my service, my reason for leaving their employ, together with all information they may have concerning me whether on record or not. I hereby release them and their organisation from all liability for any damage whatsoever for issuing same.

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**Applicant Signature**

**Date**

**Human Resources / Manager**