

# ACTOM

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## APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_

Position applied for:

\_\_\_\_\_

situated at:

\_\_\_\_\_

1. To be completed in the Applicant's own handwriting.
2. Original Testimonials and Certificates must not be attached, but presented at the personal interview.
3. No questions are intended to unfairly discriminate against any group of applicants. Questions are merely asked to ensure that the company complies with Employment Equity.

### PERSONAL PARTICULARS

Mr/Mrs/Ms	Surname	First Names	Maiden Name (where applicable)
Marital Status	Date of Birth	Country of Birth	No and age of dependant children
Nationality/Race	Identification No.	Passport No.	
Residential Address		Postal Address	Telephone - Home Work Cell

### QUALIFICATIONS

Full Name of High School, Technical College, University, Correspondence College	Period		Full Name of Qualification	Completed Yes/No	Student Number
	From	To			
1					
2					
3					
4					
Apprenticeship Name of Firm	Period		Trade	Completed Yes/No	Contract Number
	From	To			
1					
2					
3					
4					
Name of Institution where training was completed (Indicate Dates) Trade Test Performance	Trade		Contract No.		

### PLEASE ATTACH CERTIFIED COPIES OF CERTIFICATES TO THIS APPLICATION

*Membership of Professional Institutes or Associations	Are you studying at present: If so, give particulars	Yes		No	

### DRIVERS LICENCES

Code	<input type="text"/>	Year	<input type="text"/>	Endorsements	Yes	<input type="text"/>	No	<input type="text"/>
Code	<input type="text"/>	Year	<input type="text"/>	Endorsements	Yes	<input type="text"/>	No	<input type="text"/>
Code	<input type="text"/>	Year	<input type="text"/>	Endorsements	Yes	<input type="text"/>	No	<input type="text"/>
If yes, give particulars:								

### HEALTH

Give details of any physical defects, ailments or major illnesses from which you are suffering.				
Are you prepared to undergo a medical examination?	Yes	<input type="text"/>	No	<input type="text"/>
Are you prepared to undergo Psychometric Testing?	Yes	<input type="text"/>	No	<input type="text"/>

LANGUAGES	English	Afrikaans	Other Languages (Specify)				
	Speak						
Read							
Write							

## PREVIOUS EMPLOYERS

	Current or Most Recent	2 <sup>nd</sup> Last	3 <sup>rd</sup> Last
Name of Firm			
Address			
Telephone No			
Period Employed			
From	To		
Nature of Business			
Position held			
Nature of Duties			
Immediate Superior's Name		Salary at Resignation	
Commencing Salary			
Present Salary			

Reason for Leaving

## GENERAL

Have you ever been convicted of a criminal offence?	YES	NO
If yes, give particulars:		
Have you ever been declared insolvent:	YES	NO
- In your personal capacity	YES	NO
- As partner in a business concern?		
If yes, give particulars:		
Are any civil judgements or anything else recorded against you that may affect your creditworthiness negatively:	YES	NO
If yes, give particulars		
Have you ever been employed by any company in the NEI / ALSTOM GROUP:	YES	NO
If yes, give particulars:		

## POSITION DESIRED

Nature of employment desired (Specify)	When can you assume duties
1 <sup>st</sup> Choice	Salary/Wage Required
2 <sup>nd</sup> Choice	R _____ per hour/per month
	Current Total Income (Total Cost to Company)
	R _____ per annum

**REFERENCES**

Name	Business Designation	Address	Telephone Number

**ANY FALSE DECLARATION OR OMISSION REGARDING THIS APPLICATION RENDERS A SUCCESSFUL APPLICANT LIABLE TO INSTANT DISMISSAL.**

**DO YOU CONSENT TO:**

1. Reference Checking

Yes  No

2. Background Checking

Yes  No

3. Verification of Academic Qualification

Yes  No

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

<b>FOR OFFICE USE ONLY</b>		
REMARKS:		
APPOINTED AS	DEPT. / SECTION	COST CENTRE CODE
SALARY <span style="float: right;">Per Annum</span>		
WILL ASSUME DUTY ON:		
<b>APPOINTMENT RECOMMENDED</b>		
DATE _____	HUMAN RESOURCES MANAGER _____	
DATE _____	MANAGER/DIRECTOR _____	
<b>APPOINTMENT APPROVED</b>		
DATE _____	MANAGING DIRECTOR _____	

UIF CARD RECEIVED BY: _____	DATE: _____
UIF CARD RETURNED TO: _____	DATE: _____

**BANK DETAILS:**

Account Name:	
Bank Name:	
Branch Name:	
Type of Account:	
Account Number:	
Branch Code:	