



HR DEPARTMENT

EMPLOYMENT APPLICATION FORM

Position applied for

Where you previously employed by us?

Yes	No
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If yes when and where

Any relatives or friends working for us?

Yes	No
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If yes

Name

Relationship

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Personal Details

Surname

First Names

Title

Known as

Postal Address

Postal code

Residential Address

Postal code

Telephone home

Cell phone

Email address

Marital status

Spouse's name

ID number

Tax office

No of children

Date of birth

d	d	m	m	y	y	y	y

Tax number

If non-SA, Nationality and Passport number

Drivers licence code and expiry date

Employment Equity Details

Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>				
Race	African	<input type="checkbox"/>	White	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Disability	None	<input type="checkbox"/>	Sight	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Mental	<input type="checkbox"/>
Specify other	<input type="text"/>							
Religion	<input type="text"/>							

Emergency Details

Name & Surname	<input type="text"/>		
Relationship	<input type="text"/>	Cell number	<input type="text"/>
Home number	<input type="text"/>	Work number	<input type="text"/>

General Details

School education

Grade 5 - 8	<input type="checkbox"/>	Grade 9 - 11	<input type="checkbox"/>	Matriculated	<input type="checkbox"/>
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Post school education

None	<input type="checkbox"/>	Diploma	<input type="checkbox"/>		
University degree	<input type="checkbox"/>	Mechanic trade test	<input type="checkbox"/>	Other	<input type="checkbox"/>

Work experience in years

0 - 3 years	<input type="checkbox"/>	4 - 10 years	<input type="checkbox"/>		
11 - 20 years	<input type="checkbox"/>	21 - 30 years	<input type="checkbox"/>	30 years and more	<input type="checkbox"/>

Have you ever been convicted of a criminal offence? If yes please furnish details.

Do you suffer from any chronic disease or disability? If yes please furnish details.

Do you have any adverse credit reports? If yes please furnish details.

In your opinion, is there any information which you should disclose to us, which may have a material impact on the employment relationship? (E.g. an interest in competing company)

Employment History

Please start with your most recent position and work back

1	Name of organisation				
	Position held				
	Duration	From		To	
	Main duties				
	Reason for leaving				
	Remuneration structure (full details)				
	Reference details				
Name		Designation		Contact number	

2	Name of organisation				
	Position held				
	Duration	From		To	
	Main duties				
	Reason for leaving				
	Remuneration structure (full details)				
	Reference details				
Name		Designation		Contact number	

3	Name of organisation				
	Position held				
	Duration	From		To	
	Main duties				
	Reason for leaving				
	Remuneration structure (full details)				
Reference details					
Name		Designation		Contact number	

4	Name of organisation				
	Position held				
	Duration	From		To	
	Main duties				
	Reason for leaving				
	Remuneration structure (full details)				
Reference details					
Name		Designation		Contact number	

5	Name of organisation				
	Position held				
	Duration	From		To	
	Main duties				
	Reason for leaving				
	Remuneration structure (full details)				
Reference details					
Name		Designation		Contact number	

Summary of employment history

No	From	To	Company	Job title	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

FOR OFFICE USE: Pre-employment requirements

Employment authorized by Senior Manager/MD

Yes	No
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Cleared with IMPERIAL Flagging System

Yes	No
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Credit Bureau and criminal checks done (if applicable)

Yes	No
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Reference checks done

Yes	No
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Assessment/s done (if applicable)

Yes	No
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FOR OFFICE USE: Central Payroll requirements

- 1 Contract of employment
- 2 Remuneration annexure A
- 3 Incentive / commission structure / contract
- 4 Code of Conduct
- 5 IT policy
- 6 Company car accident policy
- 7 Banking details
- 8 IRP2 tax form
- 9 Union membership
- 10 Sick, accident and maternity fund membership
- 11 Medical aid membership or medical aid waiver
- 12 Retirement fund membership and nomination of beneficiaries
- 13 MIBCO stop order form
- 14 Copy of ID
- 15 Copy of Driver's Licence
- 16 F&I annexure for Sales Executives, Sales Managers and Dealer Principals
- 17 EEA1 form