



Position Applied for

### Personal Details

First Name

Initials

Surname

Known as

ID number

Gender

 M  F

Ethnicity

 Black  Coloured  Indian  White  Asian  Other

Date of birth:

Do you have a disability as defined by the Department of Labour?

 YES  NO

If **yes**, please specify

Are you a South African Citizen?

 YES  NO

If no, do you have a permit to work in South Africa?

 YES  NO

If **yes**, please attach a certified copy to this form.

### Contact details

Mobile number

Landline

Alternative number

Residential Address

Postal Address

### Job Information

Part time?

 YES  NO

Full time?

 YES  NO

How did you hear about this position?



**General**

Do you have any physical health limitations that will prevent you from performing the job you are applying for?

YES	NO
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If yes, please give details

Where applicable, and in the execution of your normal duties, you may be exposed to certain health risks. The following are examples of such health risks:

- Manual handling of objects or patients (i.e. muscular-skeletal problems, back-, neck- or shoulder pain)
- Latex (i.e. dermatitis, asthma)
- Radiation (i.e. pre-malignant or malignant condition)
- Chemicals (i.e. dermatitis, asthma, chronic bronchitis)

If you have any of the above or another condition that may be worsened and may have an impact on your appointment, please disclose such information below:

**References** (list from most recent to later)

Company (No 1)	<div style="border: 1px solid black; height: 20px;"></div>
Position	<div style="border: 1px solid black; height: 20px;"></div>
Time in this position	<div style="border: 1px solid black; height: 20px;"></div>
Contact Person Name	<div style="border: 1px solid black; height: 20px;"></div>
Contact Phone Number	<div style="border: 1px solid black; height: 20px;"></div>

Company (No 2)	<div style="border: 1px solid black; height: 20px;"></div>
Position	<div style="border: 1px solid black; height: 20px;"></div>
Time in this position	<div style="border: 1px solid black; height: 20px;"></div>
Contact Person Name	<div style="border: 1px solid black; height: 20px;"></div>
Contact Phone Number	<div style="border: 1px solid black; height: 20px;"></div>

Company (No 3)	<div style="border: 1px solid black; height: 20px;"></div>
Position	<div style="border: 1px solid black; height: 20px;"></div>
Time in this position	<div style="border: 1px solid black; height: 20px;"></div>
Contact Person Name	<div style="border: 1px solid black; height: 20px;"></div>
Contact Phone Number	<div style="border: 1px solid black; height: 20px;"></div>

### Registration to work

Do you have a license or registration to perform the work you are applying for?

YES	NO
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If **yes**, please complete the following:

Registration type	<input type="text"/>	Registration number	<input type="text"/>
Registration body	<input type="text"/>	Registration date	<input type="text"/>
Renewal date	<input type="text"/>	Expiry date	<input type="text"/>
Country issued	<input type="text"/>		

### Consent & Declaration

It is in both your and the Company’s best interest to perform integrity assessments prior to employment. An integrity assessment involves compiling a comprehensive background check relevant to the job that will be performed. One or more of the following methods are used:

- Reference check with referees as supplied
- Qualification check
- SANC check (if applicable)
- Credit and/or criminal check

I hereby voluntarily provide consent for an integrity assessment to be carried out on me. I accept that the integrity assessment is part of the pre-employment selection process and that Cintocare is under no obligation to make use of my services. Please note that the information gathered will be dealt with on a **strictly confidential and discreet** basis.

Is there any other information, which may have a bearing on your suitability for the position?

YES	NO
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If **yes**, please detail (nature, date):

Date

Place

Signature

### Declaration:

I hereby declare that all particulars and answers in this application form are true and no material fact has been withheld. I agree that this application and declaration shall be the basis of any contract between the Company and me, that the withholding of any material information or failure to answer the questions correctly will constitute a breach of a condition of my employment (if I am successful in my application) for which I may be dismissed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date