

**APPLICATION FOR EMPLOYMENT****DOCUMENT NUMBER**

HRHE_REC_E01

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1

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WHAT IS THE PURPOSE OF THIS FORM	A. THE ADVERTISED POSITION							
	<p>To assist HR department in selecting a person for an advertised position.</p> <p>This form may be used to identify candidates to be interviewed. Since all applicants cannot be interviewed, you need to fill in this form completely, accurately, and legibly. This will help to process your application fairly.</p> <p>WHO SHOULD COMPLETE THIS FORM</p> <p>Only persons wishing to apply for an advertised position at Henra.</p> <p>ADDITIONAL INFORMATION</p> <p>This form requires basic information. Candidates who are selected for interviews will be requested to furnish additional certified information that may be required to make a final selection.</p> <p>SPECIAL NOTES</p> <p>1 – All information will be treated with the strictest confidentiality and will not be disclosed or used for any other purpose than to assess the suitability of a person, except in so far as it may be required and permitted by law. Your personal details must correspond with the details in your ID or passport.</p> <p>2 – Passport number in the case of non-South Africans.</p> <p>3 – This information is required to enable the department to comply with the Employment Equity Act, 1998.</p> <p>4 – This information will only be considered if it directly relates to the requirements of the position.</p> <p>5 – Applicants must submit CV with qualifications and work experience.</p>							
PLEASE SEND COMPLETED FORM TO: <i>recruitment@henra.co.za</i>	B. PERSONAL INFORMATION							
	Position for which you are applying (as advertised)							
	Reference number (as stated in the advert)							
	If you are offered the position, when can you start OR how much notice must you serve with your current employer?							
	Surname							
	First Names							
	Date of Birth							
	ID number ²							
	Race ³							
	African		White		Coloured		Indian	
	Gender ³							
	FEMALE			MALE				
	Do you have a disability? ³							
	YES			NO				
	Are you a South African Citizen?							
YES			NO					
If no, what is your Nationality								
And do you have a valid work Permit?								
YES			NO					
Have you ever been convicted of a criminal offence or been dismissed from employment? ⁴								
YES			NO					
If your profession or occupation requires professional registration, provide date and particulars of registration.								
Marital Status:								
Driver's license:								
YES			NO					
Code:			Date obtained:					
C. HOW DO WE CONTACT YOU								
Preferred language for correspondence?								
Telephone number during office hours ()								
Preferred method for correspondence		SMS		E-mail		WhatsApp		
Correspondence contact details (in terms of above)								
Residential address:								

D. LANGUAGE & COMPUTER PROFICIENCY						
Languages			Other – please specify			
State 'good', 'fair' or poor	Afrikaans	English				
Speak						
Read						
Write						
Computer Programs			Other – please specify			
	MS Excel	MS Word				
Entry/Novice						
Intermediate						
Advanced						

E. QUALIFICATIONS ⁵		
Name of School / Technical College	Highest qualification obtained	Year Obtained
<i>Tertiary education (complete for each qualification you obtained)</i>		
Name of Institution	Name of Qualification	Year Obtained
Current study (institution and qualification)		

F. WORK EXPERIENCE ⁵									
Employer (including current employer)	Position held	From		To		Reason for Leaving			
		MM	YY	MM	YY				
Were you previously employed at Henra?						YES		NO	
If yes, provide the name of the year and previous department/site where you worked:									

G. REFERENCES		
Name & Surname	Relationship to you	Tel. No. (office hours)

DECLARATION (PLEASE READ CAREFULLY BEFORE SIGNING)	
<p><i>I declare that all the information provided (including any attachments) is correct and accept responsibility for any false information provided which will render my application illegal. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.</i></p> <p><i>I hereby declare that there is not any health or wellness matter to be declared that could hinder my employment.</i></p>	
Signature:	Date: