



# APPLICATION OF EMPLOYMENT

TO BE COMPLETED BY APPLICANT

## PERSONAL DETAILS

<b>Surname</b>				<b>Maiden Name</b> <small>(if applicable)</small>													
<b>Given Names</b> <small>(as per ID)</small>				<b>Preferred Name</b>													
<b>Title</b>	Mr	Mrs	Miss	<b>Gender</b>	Male	Female											
<b>Employee Category</b>	Asian (A)		African (B)		Coloured (C)		White (W)										
<b>Contact Numbers</b>	<b>Home</b>				<b>Cellular</b>				<b>Work</b>								
<b>Physical Address</b>														Code			
														Code			
<b>Postal Address</b>														Code			
														Code			
<b>Identity Number**</b>																	
<b>Date of Birth</b>	D	D	M	M	Y	Y	Y	Y									
<b>**If not S.A., stipulate ID type</b>					<b>Work Permit no.</b> <small>(attach copy)</small>												
<b>Passport Number</b>					<b>Expiry Date</b>												
<b>Income Tax Number</b>																	

## LICENSE DETAILS

<b>Are you in possession of a Driver's License</b>	Yes	No	<b>Do you have your own transport?</b>	Yes	No
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## PROFESSIONAL MEMBERSHIP/S

(Certified copies of Registration to be supplied)

<b>A</b>	<b>Detail of Membership</b>		<b>Membership number</b>	
<b>B</b>	<b>Detail of Membership</b>		<b>Membership number</b>	

GENERAL INFORMATION																					
Have you ever previously worked for Fraser Alexander or any of its subsidiaries?										Yes	No										
If yes, please supply the following details:	Position Held																				
	Date employed											Date left									
	Reason for leaving																				
Are any of your relatives employed by Fraser Alexander or one of its subsidiaries?										Yes	No										
If yes, state Full Names								Relationship													
Give details of any private business concerns and potential conflicts of interest																					
Have you ever been convicted of a criminal offence?										Yes	No										
If yes, please supply details																					
Have you ever sustained an occupational injury?										Yes	No										
If yes, please supply details																					

LANGUAGE SKILLS			
Home Language		Other	

PREVIOUS EXPERIENCE				
Name of Employer	Position Held	Length of Service	Contact Name and Designation	Contact Number
				Office
				Cellular
				Office
				Cellular
				Office
				Cellular
				Office
				Cellular

SCHOOL EDUCATION													
Highest standard passed or studying for at present													
Date obtained / to be obtained	D	D	M	M	Y	Y	Y	Y	Name of School and City or Town where situated				
Subjects during final year													

FURTHER EDUCATION / TRAINING COURSES													
Certificates, diplomas or degrees obtained and/or for which you are now studying	Start Date						End Date						Institution (s)
	D	D	M	M	C	C	D	D	M	M	C	C	
	D	D	M	M	C	C	D	D	M	M	C	C	
	D	D	M	M	C	C	D	D	M	M	C	C	
	D	D	M	M	C	C	D	D	M	M	C	C	
	D	D	M	M	C	C	D	D	M	M	C	C	
	D	D	M	M	C	C	D	D	M	M	C	C	

EDUCATION AND EXPERIENCE
<p align="center"><b>Copy of curriculum vitae and ALL certificates to be attached to this application</b> (please initial each page of attached documents)</p>