

EMPLOYMENT APPLICATION



APPLICANT INFORMATION			
The application includes statistical information required by the Employment Equity Act			
Date Completed		Title	
Last Name		First	
ID Number		*Gender MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
Street Address			
Suburb		City	
Phone		E-mail Address	
*Ethnicity AFRICAN <input type="checkbox"/> INDIAN <input type="checkbox"/> COLOURED <input type="checkbox"/> WHITE <input type="checkbox"/>			
*Disability		YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please specify	
Are you a citizen of South Africa?		YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a valid drivers licence? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you previously worked for CompSol or Medsol or applied before?		YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?	
Do you have a criminal record or any case pending?		YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain	
EDUCATION			
High School			
Have you matriculated? YES <input type="checkbox"/> NO <input type="checkbox"/>		Name of School	Year
Tertiary Education			
Name of Institution	Diploma/ Certificate/ Degree & Subject		Year Obtained
CURRENT EMPLOYMENT			
Currently Employed		YES <input type="checkbox"/> NO <input type="checkbox"/> If no, complete details for previous employer	
Company		Phone ()	
Address		Supervisor	
Job Title	Basic Salary	R	TCTC R
May we contact your supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Pension/ Provident Fund Benefit		YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, stipulate amount	
Medical Aid Benefit		YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, stipulate amount	
Other Benefits		YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, stipulate details & amounts	
Employment Period	Reason for Leaving		
Required Salary		Notice Period	

Please turn over...

REFERENCES

Please list two professional references that we may contact.

Reference 1

Full Name	Work Relationship
Company	Phone ()

Reference 2

Full Name	Work Relationship
Company	Phone ()

ABILITIES, SKILLS, KNOWLEDGE AND EXPERIENCE

Briefly describe your daily tasks for your current (or most recent) employment position:

Briefly describe your level of experience in the medical and/or financial services industry in Sales/Marketing

LANGUAGE SKILLS

Please tick appropriate box below

(Speak, read & Write)	Poor	Fair	Satisfactory	Good	Excellent
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afrikaans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I provide my personal information freely and voluntarily and certify that it is truthful, accurate and current. I provide my personal information for the purposes of employment screening and communicating essential information to me. My consent is given on the understanding that the authorized persons at CompSol processing my information for the purposes set out above, will ensure the privacy and confidentiality of my information and will not disclose my information to third parties without my consent.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

CompSol reserves the right to select only suitable applicants for an interview based on the information provided in this application form. Therefore the completion and submission of this application form will not necessarily result in an invitation to an interview.