



25 Thornhill Office Park, 84 Bekker Rd, Vorna Valley, Midrand, 1686 (Head Office)
88 Loop Street, Cape Town, 8001 or PO Box 15223, Vlaeberg, 8018 (Regional Office)
T: 021 426 0577 • F: 021-426 2598 • E-mail: contacts@sheriffs.org.za

FORM 7.2 (a) Application for Employment

Please complete in full and indicate the appropriate answer PERSONAL INFORMATION

Title :

Full Names:

Surname :

Date of Birth :

Age :

Identity Number :

If not SA citizen by birth, provide passport and work permit number OR date

SA citizenship was acquired :

CONTACT DETAILS

Residential Address

:

Postal Address :

(Home) :

(Work) :

(Mobile) :

(Email) :

EDUCATIONAL HISTORY

Name of School:

Highest Standard/

Grade Passed :

Year:



25 Thornhill Office Park, 84 Bekker Rd, Vorna Valley, Midrand, 1686 (Head Office)
88 Loop Street, Cape Town, 8001 or PO Box 15223, Vlaeberg, 8018 (Regional Office)
T: 021 426 0577 • F: 021-426 2598 • E-mail: contacts@sheriffs.org.za

TERTIARY QUALIFICATIONS

Qualification :

Institution : Year
completed :

EMPLOYMENT HISTORY

Current Employer (organisation)

Position Held :

Employer's Name: (Manager / Owner)

Telephone number :

Contact Person :

Duration :

Basic Salary (incl. tax) R :

Medical Aid R :

Pension/ Provident R :

Bonus R :

Commission R :

Other (specify) R :

Reason for leaving:



25 Thornhill Office Park, 84 Bekker Rd, Vorna Valley, Midrand, 1686 (Head Office)
88 Loop Street, Cape Town, 8001 or PO Box 15223, Vlaeberg, 8018 (Regional Office)
T: 021 426 0577 • F: 021-426 2598 • E-mail: contacts@sheriffs.org.za

RECORD OF PREVIOUS EMPLOYMENT (IF NOT ON CV)

Employer's Detail :

From / To :

Position :

Reason for Leaving :

Superior's Name :

Please account for any period of unemployment of three (3) months or longer:

Notice Period :

Salary Expectations :

REFERENCES

Please supply details of three people (preferably employers) whom we may contact:

Name :

Telephone Number :

Company/Relationship :

Disability accommodation :

The Company aims to provide opportunities for people with disabilities. As per the Employment Equity Act, 55 of 1998, people have the right to disclose or not to disclose this information. Contents of this section will remain confidential. The purpose is to assist employers with conducting an analysis on the workforce profile.



25 Thornhill Office Park, 84 Bekker Rd, Vorna Valley, Midrand, 1686 (Head Office)
88 Loop Street, Cape Town, 8001 or PO Box 15223, Vlaeberg, 8018 (Regional Office)
T: 021 426 0577 • F: 021-426 2598 • E-mail: contacts@sheriffs.org.za

Do you have a disability (including Chronic Disease) that could have a bearing on your ability to adequately carry out the job being applied for?

If yes, specify nature of disability and if any reasonable accommodation is re-

GENERAL INFORMATION:

Are you legally entitled to work in South Africa?

If no, give details :

Do you have a valid driver's license?

If yes, which code :

Do you have your own, reliable transport?

Are you willing to travel in the course of duties?

If yes, give details :

Do you have any study debts or bursary or other contractual obligations towards your current employer?

If yes, give details :

Are you a member of a professional association(s) relevant to the post you are applying for?

If yes, give details :

Do you have a criminal record in South Africa or any country?

If yes, give details :

Do you have an adverse credit record? / Are you currently blacklisted?

If yes, give details :



25 Thornhill Office Park, 84 Bekker Rd, Vorna Valley, Midrand, 1686 (Head Office)
88 Loop Street, Cape Town, 8001 or PO Box 15223, Vlaeberg, 8018 (Regional Office)
T: 021 426 0577 • F: 021-426 2598 • E-mail: contacts@sheriffs.org.za

Are you related to any employee of the company?

If yes, give details of who and relationship :

Have you previously applied to this company?

If yes, give details of what position and date applied :

In your opinion is there any information which you would like to disclose to the company, which may have a material impact on the employment relationship?

(e.g. an interest in a competing company)

If yes, give details :

CONSENT :

I, _____ hereby give SABFS permission to conduct _____ mission to conduct _____ any of the following in relation to my job application: psychometric and other competency-based assessments; credit, work experience and character references; educational, credit (bad debt/blacklisting) and criminal checks. I declare all information furnished as part of my application for employment to be truthful and accurate.

Signature :

Signed at :

Date :