

Employment Application Form

Position Applied for:
 Facility:

Personal Details

First Name: Initials:
 Surname: Known as:
 ID number:
 Gender: M F Race: African Coloured Asian White
 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

Cell phone number: Landline:
 Alternative number:
 Residential Address:
 Postal Address: Postal Code:

Job Information

Part time? Yes No Full time? Yes No
 How did you hear about this position?

General

Have you previously applied to work at Life Healthcare? Yes No
 Have you previously worked at a Life Healthcare hospital or business unit? Yes No
 If yes, which hospital or business unit?
 What was your position title?
 Do you have relatives employed by Life Healthcare? Yes No
 If yes, please give details:

 Do you have any physical health limitations that will prevent you from performing the job you are applying for? Yes No
 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:

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 style="width: 90%;" type="text"/>	Registration number:	<input style="width: 98%;" type="text"/>
Registration body:	<input style="width: 90%;" type="text"/>	Registration date:	<input style="width: 98%;" type="text"/>
Renewal date:	<input style="width: 90%;" type="text"/>	Expiry date:	<input style="width: 98%;" type="text"/>
Country issued:	<input style="width: 90%;" type="text"/>		
	<input style="width: 90%;" type="text"/>		

References

1. Company:
 Position:
 Contact Person name:
 Position of contact person:
 Contact phone number:
2. Company:
 Position:
 Contact Person name:
 Position of contact person:
 Contact phone number:
3. Company:
 Position:
 Contact Person name:
 Position of contact person:
 Contact phone number:

May Life Healthcare contact the references listed above?

Yes	No
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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 Life Healthcare 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

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