



EMPLOYMENT APPLICATION FORM

ADVERTISED POSITION

NAME OF POSITION		REF NO / PORT OF ENTRY	
		NOTICE PERIOD	

BIOGRAPHICAL INFORMATION

TITLE		SURNAME				FULL NAMES				
RACE (Tick)	African	White	Colored	Asian	GENDER	Male	Female	MARITAL STATUS	Single	Married
									Divorced	Widowed
IDENTITY NUMBER					DATE OF BIRTH	NATIONALITY				
DRIVER'S LICENCE CODE:		YES	NO	IF YOUR PROFESSION OR OCCUPATION REQUIRES STATE OR OFFICIAL REGISTRATION, PROVIDE DATE AND PARTICULARS OF REGISTRATION:						
DO YOU HAVE A DISABILITY?		YES	NO	IF YES, SPECIFY:						
DO YOU KNOW ANYONE WITHIN THE ORGANISATION?		YES	NO	IF YES, SPECIFY:						
IS THERE ANY PENDING MISCONDUCT AGAINST YOU?				YES	NO	IF YES, SPECIFY:				
HAVE YOU BEEN CONVICTED OF A CRIMINAL OR DISMISSED FROM EMPLOYMENT?				YES	NO	IF YES, STATE REASONS:				
HAVE YOU CONDUCTED BUSINESS WITH THE STATE IN THE PAST 5 YEARS?				YES	NO	IF YES, SPECIFY:				
CELLPHONE NUMBER						ALTERNATIVE NUMBER				
EMAIL ADDRESS						WORK NUMBER				
PHYSICAL ADDRESS										
POSTAL ADDRESS						POSTAL CODE				

By filling in the application form, candidate consent to the processing of personal information.

LANGUAGE PROFICIENCY (state – good, fair, or poor)

	SPECIFY LANGUAGES - state 'good', 'fair' or 'poor'				
SPEAK					
READ					
WRITE					

QUALIFICATIONS (This part must be completed in full)

NAME OF SCHOOL/TECHNICAL COLLEGE	HIGHEST GRADE PASSED	YEAR OBTAINED

TERTIARY EDUCATION (This part must be completed in full)

NAME OF INSTITUTION	QUALIFICATION OBTAINED <i>(start with current/most recent)</i>	YEAR OBTAINED

WORK HISTORY (This part must be completed in full)

EMPLOYER <i>(start with current)</i>	POSITION HELD	FROM		TO		REASON FOR LEAVING
		MM	YY	MM	YY	

REFERENCES

EMPLOYER <i>(current/previous)</i>	REFEREE <i>(someone you report/ed into)</i>	POSITION OF REFEREE	CONTACT NUMBER <i>(preferably landline or e-mail address)</i>

DECLARATION

I declare that all the information provided (including any attachments and CV) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my dismissal if I am appointed. I hereby acknowledge that all information within this application remains the property of the Border Management Authority. I accept that the information can be verified.

APPLICANT NAME _____ SIGNATURE _____ DATE _____