Sonke is an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application form must be fully completed to be considered. Please complete each section even if you attach your CV.

**Application for Employment**

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| **WHAT IS THE PURPOSE OF THIS FORM**  To assist the selection panel in selecting a person for an advertised position.  **WHO SHOULD COMPLETE THIS FORM**  Only persons wishing to apply for an advertised position at Sonke.  **ADDITIONAL INFORMATION**  This form requires basic information. Candidates who are selected for interviews will be requested to furnish additional certified information that may be required to make a final selection.  **SPECIAL NOTES**  All information will be treated with confidentiality and will not be disclosed or used for any other purpose than to assess the suitability of a person, except in so far as it may be required and permitted by law.  Your personal details must correspond with the details in your ID or passport.  **ATTACHMENTS**  Applicants must attach their CV, and certified copies of their qualifications. | | **THE ADVERTISED POSITION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Position for which you are applying:*** | | | | | | | | | | | | | | | | | ***Unit where the position is advertised:*** | | | | | | | | | | | | | | | |
| ***If you are offered the position, when can you start OR what notice period must you serve with your current employer?*** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Surname:*** |  | | | | | | | | | | | | | ***First Names:*** | | | |  | | | | | | | | | | | | | | |
| ***Date of Birth:*** | |  |  |  |  |  |  | | |  | | |  | ***ID/Passport nr:*** | | | |  | | | | | | | | | | | | | | |
| ***Race*** | | | ***African*** | | | | | |  | | | | | ***White*** | | | | |  | | | ***Indian*** | | | | |  | | | ***Coloured*** | |  |
| ***Gender*** | | | | | | | | | | | | | | ***Male*** | | | | | | | |  | | | | | ***Female*** | | | | |  |
| ***Do you have a disability?*** | | | | | | | | | | | | | | ***Yes*** | | | | | | | |  | | | | | ***No*** | | | | |  |
| ***Are you a South African Citizen*** | | | | | | | | | | | | | | ***Yes*** | | | | | | | |  | | | | | ***No*** | | | | |  |
| ***If no, what is your Nationality*** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ***Do you have a valid work permit?*** | | | | | | | | | | | | | | ***Yes*** | | | | | | | |  | | | | | ***No*** | | | | |  |
| ***Have you ever been convicted of a criminal offence or been dismissed from employment?*** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Preferred language for correspondence*** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| ***Telephone number during office hours*** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| ***Email address*** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **QUALIFICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Qualification obtained*** | | | | | | | | | | | ***Institution*** | | | | | | | | | | | | | | ***Year*** | | | | | | | |
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| **WORK EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Employer*** | | | | | | | | ***Position held*** | | | | | | | | | | | | | ***From*** | | | | | | | ***To*** | | | ***Reason for leaving*** | |
| ***MM*** | | | ***YY*** | | | | ***MM*** | ***YY*** | |
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| **REFERENCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Name*** | | | | | | | | | | | | ***Relationship to you*** | | | | | | | | | | | | | | ***Contact details*** | | | | | | |
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| **DECLARATION:** *I declare that all the information provided (including any attachments 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.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature** |  | | | | | | | | | | | | | | | | | **Date** | | | | | | |  | | | | | | | | | |