

SWIMMING SOUTH AFRICA EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	Vacancy Reference No.: _____	Page 1		
APPLICATION FOR EMPLOYMENT				
Are you responding to an employment vacancy advertisement: - Yes <input type="checkbox"/> No <input type="checkbox"/> How did you become aware of the vacancy? _____				
PLEASE COMPLETE PAGES 1-5. AND THE APPLICANT INFORMATION RELEASE FORM		DATE _____		
Name				
Last First	Middle	Maiden		
Present address				
Physical Address		Postal Address		
Number	Street	Box		
City	Province	City		
Postal Code		Province		
Postal Code		Code		
Are you a citizen of _____ (Country)? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have permanent residency status? Yes <input type="checkbox"/> No <input type="checkbox"/>		Identity No. _____ Passport No. _____ Country(ies) holding Citizenship Status _____		
Telephone:- Home _____ (Code) _____ Office _____ (Code) _____ Cellular _____				
If under 18, please state age _____				
Position applied for (1) _____ and salary desired (2) _____ and specific benefits (3) _____ _____ _____ _____ _____ (Be specific)		Days/hours available to work:- No Preference _____ or Monday From _____ To _____ Tuesday From _____ To _____ Wednesday From _____ To _____ Thursday From _____ To _____ Friday From _____ To _____ Saturday From _____ To _____ Sunday From _____ To _____		
How many hours can you work weekly? _____ Can you work nights? (after 18h00 and before 06h00) _____				
Please note that the Federation does not provide Staff Transport facilities or The Federation only provides Staff Transport Facilities to the following areas _____ (Delete whichever is NOT applicable)				
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
Month when available for work? _____				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College/University				
Bus. or Trade School				
Professional School				
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE ? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.				

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Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.		
Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address City Province Postal Code Phone number	Title of last Supervisor	From	Start
		To	Final
Your last job title		No. of Subordinates	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address City Province Postal Code Phone number	Title of last Supervisor	From	Start
		To	Final
Your last job title		No. of Subordinates	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
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		To	Final
Your last job title		No. of Subordinates	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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PLEASE READ CAREFULLY		
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you complete this application yourself <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, who did?		
APPLICATION FORM WAIVER		
In exchange for the consideration of my job application by _____ (hereinafter called "the Federation"), I agree that: Neither the acceptance of this application nor any subsequent interview, either for the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Federation practices, shall serve to create an actual or implied expectation of an offer of employment. If employed, I understand that the Federation may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.		
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Federation permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Federation from any liability as a result of such contact.		
I also understand that (1) the Federation has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. <i>(only if applicable to the performance of the job, e.g. applicant is applying for a truck driver position)</i>		
I understand that, in connection with the routine processing of your employment application, the Federation may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Federation, will provide me with additional information concerning the nature and scope of any such report requested by it.		
I further understand that any employment with the Federation shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Federation may be terminable by the Federation for any reason recognised in law as being sufficient.		
Signature of applicant _____ Date: _____		
This Federation is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, colour, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Federation depends solely on your qualifications and the inherent requirements of the job, having regard to Employment Equity legislative requirements.		
Thank you for completing this application form and for your interest in our business.		

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE		Page 5	
POST EMPLOYMENT INFORMATION FORM			
TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED			
Height _____ ft. _____ in. Weight _____ Birth date _____			
Married <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Full name of spouse Occupation _____			
Name of company Telephone (_____)			
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
Name Telephone (_____)			
Address Relationship _____			
FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS			
NAME	RELATIONSHIP	BIRTH DATE	I.D. NO.
TO BE COMPLETED BY EMPLOYER			
Date of employment _____ Job title _____ Dept. _____			
Location _____ Rate of pay _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Salaried			
Applicant's signature acknowledging above information _____			
Drug test confirmation number _____			
Name of person verifying information _____			
Name of person authorizing employment _____			
Induction Programme Compiled by _____			
Scheduled dates for Probationary Period Appraisals _____ 200 _____ 200 _____ 200 _____			
Employment Take On Form Completed by _____			
Federation Communiqué announcing Employment to be sent on _____			