

Personal Details

Mr	<input type="checkbox"/>	Tick appropriate box	Surname:	<input type="text"/>
Mrs	<input type="checkbox"/>			
Ms	<input type="checkbox"/>			
Other	<input type="text"/>		First Names:	<input type="text"/>

Contact Details

Cell	<input type="text"/>	ID No	<input type="text"/>
Home Tel	<input type="text"/>	Date of Birth	<input type="text"/>
Other Tel	<input type="text"/>	Age	<input type="text"/>
e-mail	<input type="text"/>	Ethnic Persuasion	<input type="text"/>

(Asian, Black, Coloured, White. Required by labour dept)

Foreign Nationals

If a foreign national, is Residency Permit permanent or temporary?	<input type="text"/>	Residency Permit Issue Date	<input type="text"/>
Passport number	<input type="text"/>	Residency Permit Expiry Date	<input type="text"/>
Nationality	<input type="text"/>	Passport Expiry Date	<input type="text"/>

All foreign nationals have to provide proof that they are permitted to work in South Africa

Tax Reference Number

Emergency Contact

Name	<input type="text"/>
Relationship	<input type="text"/>
Cell	<input type="text"/>
Home Tel	<input type="text"/>
Other Tel	<input type="text"/>

Surname:

First Names:

Residential Address Details

Flat/House Number		
Street Name		
Suburb		
Town	Postal Code	

Postal Address Details (leave blank if the same as residential)

Flat/House Number		
Street Name		
Suburb		
Town	Postal Code	

Banking Details

Account Holder			
Bank			
Branch			
Branch Code			
Account Number			
Type of Account	Savings	Current/Cheque	Other (specify)

I authorise Amanzi Blue to deposit my wages in the above account.

Name:

Date:

Signature:

Surname:

First Names:

Languages

Please indicate whether proficiency in the language is "Poor", "Average", "Good"

	Speak	Read	Write
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Uniform

Male

Female

Shirt Size	<input type="text"/>
T shirt Size	<input type="text"/>
Chest	<input type="text"/>
Waist	<input type="text"/>
Shoe Size	<input type="text"/>

T shirt Size	<input type="text"/>
Bust	<input type="text"/>
Waist	<input type="text"/>
Dress size	<input type="text"/>
Shoe Size	<input type="text"/>

Availability

Please tick the appropriate boxes

Availability	<input type="checkbox"/> Anytime	<input type="checkbox"/> Weekends	<input type="checkbox"/> Evenings	<input type="checkbox"/> Public Holidays	<input type="checkbox"/> School Holidays	<input type="text"/> Other (specify)
--------------	----------------------------------	-----------------------------------	-----------------------------------	--	--	--------------------------------------

Please tick the appropriate boxes

Transport	<input type="checkbox"/> Own	<input type="checkbox"/> Public	<input type="checkbox"/> Rely on lifts	<input type="text"/> Other (specify)
-----------	------------------------------	---------------------------------	--	--------------------------------------

Computer Literacy

Are you comfortable using a computer?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Programmes you can use

<input type="checkbox"/> Word	<input type="checkbox"/> Excel	<input type="checkbox"/> Powerpoint	<input type="text"/> Other (specify)	<input type="text"/> Other (specify)	<input type="text"/> Other (specify)
-------------------------------	--------------------------------	-------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------

Data Capturing

Words Per Minute	<input type="text"/>
------------------	----------------------

Surname:

First Names:

Other skills (Your skill or hobby might be just what we need to deliver excellent service.)

Education

Secondary Education

School			
Grade			
Subjects			

Tertiary Education

Institution			
Year of study		Years left	
Studying for (Degree, Diploma, Course)	What is it called?		

Employment History (Past five years)

Employer	From (month, year)	To (month, year)	Job Description
Duties			
Reason for leaving			
Person reported to (Full Name)		Contact number	

Employer	From (month, year)	To (month, year)	Job Description
Duties			
Reason for leaving			

Person reported to (Full Name)		Contact number	
Employer	From (month, year)	To (month, year)	Job Description
Duties			
Reason for leaving			
Person reported to (Full Name)		Contact number	
Employer	From (month, year)	To (month, year)	Job Description
Duties			
Reason for leaving			
Person reported to (Full Name)		Contact number	
Employer	From (month, year)	To (month, year)	Job Description
Duties			
Reason for leaving			
Person reported to (Full Name)		Contact number	
Employer	From (month, year)	To (month, year)	Job Description
Duties			
Reason for leaving			
Person reported to (Full Name)		Contact number	
Employer	From (month, year)	To (month, year)	Job Description
Duties			
Reason for leaving			
Person reported to (Full Name)		Contact number	

I declare that all the information provided above is, to my knowledge, correct.

Name: _____

Date: _____

Signature: _____