

APPLICATION FOR EMPLOYMENT

NEW ERA PUBLICATION CORPORATION

Surname									Position Applied For				
First Names									Location Of Position				
Title (e.g. Mr, Dr)													
Residential Address									Highest Grade Passed				
									Year Obtained				
				Р	ostal Code				Name Of School /				
Phone No Home									Institution				
- Work													
- Cell									TERTIARY	QUALIFI	CATION	S	
Email Address									Qualification e,g. Degree	Ins	stitution		Year
Postal Address													
				P	ostal Code								
Identity Number													
Passport Number													
Tax Number									LATEST EMP	LOYMEN	IT RECO	ORD	
Are you registered	Yes	Are you currently employe			employed	Yes			Company Name				
as a taxpayer	No					No			Position Held				
Marital Status	Single		Married						Period Employed				
		NEX.	T OF KIN						Final Salary (gross)				
1. Full names									Reason For Leaving				
Relation to you							May we contact them?	Yes		No			
(e.g wife) Contact Number									Supervisor Name				
Contact Number									Phone Number				
2. Full names									Filone Number				
Relation to you									PREVIOUS EM	DI OYME	NT REC	ORD	
(e.g wife)									I ILVIOUS EIN	LOTIME		OILD	
Contact Number									1. Company Name				
									Position Held				
Employment Equity	Sex	Male			Female	Yes			Period Employed				
	Mark relevant with Yes				ah		Reason for leaving						
X	Disability			Mar	Marginalised		(Attach proof)		Supervisor Name				
		No			•	No			Phone Number				
Nature Of Disability:	I			ı		ı	<u> </u>						
	•								2. Company Name				
DUTY TO DISCLOSE (please read carefully) Yes No						Position Held							
Have you ever been dismissed from employment							Period Employed						
Have you ever been have any criminal co		f any	misconduc	ct or do	you				Reason for leaving				



Are there any pending or unresolved investigation against you at your current employer or at any previous employer?	Supervisor Name	
Is there anything else that you would like to disclose regarding your past conduct and behaviour at the workplace? If yes, kindly explain on the additional notes below		Phone Number
Do you have anything to disclose regarding your health condition which you think the employer should know? If yes, kindly explain on the additional notes below		

Supervisor Name	
Phone Number	

I certify that all information given by me is to the best of my knowledge true and correct. I understand that any false statements could result in the termination of my contract. I hereby authorise New Era Publication Corporation to carry out a credit reference and criminal record check if it is a requirement for the position and contact the previous employers and references, I have indicated on this form.

I authorise the Corporation to further process the personal information provided herein should it proceed to employ me.

Signature of Applicant Date	
Additional Notes if any	
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	•••••
	•••••
	•••••
For Office Use. Was a reference check done? Yes No	
Applicant: Successful Unsuccessful	