



11 Jabu Ndlovu Street
Pietermaritzburg
3201
South Africa
P. O. Box 1053

Tel.: +27 33 3943350
Fax: +27 33-3943351

Email: ccp@mweb.co.za
www.communitycareproject.co.za

IT 1197/2006/PMB
065-420 NPO

Job Application Form

Instructions: Print clearly in black or blue ink (then scan properly to ensure it is clear and readable and send by email) or (type without messing the form). Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

First Name _____ Last Name _____

Phone Number (_____) _____ email: _____

Your Current Residential address (Where you can be located, if needed) _____

Any Faith or Church Affiliation? (Name) _____ Leader's Name _____

Do you have a driving license _____ Leader's Contact _____

Have you been convicted of any crime in the last five years? Yes _____ No _____

If yes, please explain: _____

POSITION/AVAILABILITY: Position Applied For : _____

What date can you start work? _____ What notice must you give _____

EDUCATION:

Name and Address of Highest School _____

Do you have a matric? _____ (Please attach a copy)

Skills and Qualifications: Licenses, Skills, Training, Awards; _____

There is surely a future hope for you, and your hope will not be cut off - Proverbs 23:18

EMPLOYMENT HISTORY:

Present or Last Position: _____ Salary: _____ (To be Verified)

Employer: _____

Address: _____

Supervisor: _____

Phone _____ Email: _____

Position/Title held: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

Previous Position: Salary: _____ (To be Verified)

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

May We Contact Your Present Employer? Yes _____ No _____

References: Name/Title Address Phone

1. Community Leader/Pastor _____

2. Employer _____

3. Character _____

I certify that information contained in this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____ Date _____