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**IMPORTERS**

**MANUFACTURERS**

**EXPORTERS**

APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_ Smoker: Yes / No

SURNAME: \_\_\_\_\_

CHRISTIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

Have you suffered from any serious illness or accident during the past twelve months?

Yes / No

If answer is Yes, give details: \_\_\_\_\_

For under 21 years of age applicants only:

List subjects studied and results of last school tests \_\_\_\_\_

Details of any further studies undertaken \_\_\_\_\_

Trade Qualifications \_\_\_\_\_

Do you hold a Drivers Licence? Yes / No Class of Licence: \_\_\_\_\_

Are you Left or Right handed?

Previous Employment

Employer	Nature of Business	Position Held	Period
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If written references are available please submit photocopies with this application.

Referees:

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

I, the undersigned, hereby make application for the position of \_\_\_\_\_

And declare that the above information is true and correct in all respects.

\_\_\_\_\_  
Signature of Applicant.

=====  
Office Use Only