

Application for employment in Blessed Gérard's Care Centre or the Brotherhood of Blessed Gérard



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|--|--|----------------------|--|--|---------------------------------|
| Surname | | | | Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Sr. <input type="checkbox"/> Other _____ | |
| First Names | | | | | |
| Position applied for | | | | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | |
| Identity Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Date of Birth day-month-year |
| Religion & denomination | | | | Name of Parish | |
| Residential Address | | | | | |
| Postal Address | | | | | |
| Telephone Numbers | Code | Number | Cell phone Number | | |
| Fax Number | Code | Number | e-mail address | | |
| | No. of children | | Ages | | |
| Highest Standard of education <small>(Please attach copy of your certificate!)</small> | | | | | |
| What other qualifications do you have? <small>(Please attach copies of the certificates!)</small> | 1. | | | | |
| | 2. | | | | |
| | 3. | | | | |
| | 4. | | | | |
| Are you presently employed | Yes <input type="checkbox"/> No <input type="checkbox"/> | Where? | | For how long? | |
| | What period of notice do you have to work? | | | | |
| Availability and commitment | When would you be available? | | For which period of time do you intend to work in this position? | | |
| What salary do you expect to receive? | South African Rand per month | | | | |
| What are your hobbies/interests? | | | | | |

| | | | |
|---|--|------|--|
| Work and residence permits | Are you a South African citizen? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If "no", are you possession of a valid South African permit to work and visa to stay in South Africa? (Attach copies!) | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Are you registered with the Health Professions or Nursing Council of South Africa? (Attach copy!) | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Do you have a valid South African licence to practise your profession? (Attach copy!) | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have a driver's licence? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Code | PDP Code: |
| Is there any thing else that you think would help you to gain a position with our organisation? | | | |
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| | | | |
| | | | |
| What languages to you speak? | | | |
| | | | |
| How did you hear about our organisation and the position applied for? | | | |

Please attach curriculum vitae and three references (incl. one from your parish priest)

Date of application.....Signed.....