

Application for Employment FORM APP

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App	lication	ю сшр	loyment

Position Applyir	ng For:		Date of Applica	tion:
				dd / mm / yyyy
Full Name:				
	Last		First	Middle
Address:				
Telephone / Mo	bile:		Date of Birth:	
•				dd / mm / yyyy
Email:				
Marital State	us			
Single	Married	Uidowed	Separated	Divorced
Church Men	nbership Informati	on		
Are you a mem	ber of the Seventh-day A	Adventist Church: 🔲 Yes	□ No	
If Yes, where do	o you hold membership:			
Date of Baptisn	n:	By Whom:_		

## Education

LEVEL	NAME OF SCHOOL/INSTITUTE	# OF YEARS COMPLETED	YEAR OF COMPLETION	Certificate	Degree
Elementary					
Secondary					
Business / Vocational					
College/University					



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work experience		
Please list work experience beginning with the most recent job held. Attach additional sheets if neces Name of Company	Start Date	End Date
	Start Bate	
Adduces		
Address	Last Job Title	
Telephone	De	nominational
	No No	n-Denominational
List job titles, duties performed, skills used or learned, advancement/promotion w	while with this com	oany:
		-
Decours for lossing		
Reasons for leaving		
May we contact this employer? Yes No		
Name of Company	Start Date	End Date
Address	Last Job Title	
Telephone		nominational
Telephone		
		n-Denominational
List job titles, duties performed, skills used or learned, advancement/promotion w	while with this com	pany:
Reasons for leaving		
May we contact this employer? Yes No		



# Application for Employment

Name of Company	Start Date	End Date
Address	Last Job Title	1
Telephone		ominational
List job titles, duties performed, skills used or learned, advancement/promotion v		n-Denominational any:
Reasons for leaving		
May we contact this employer? Yes No		
Name of Company	Start Date	End Date
Address	Last Job Title	
Telephone	)	ominational
List job titles, duties performed, skills used or learned, advancement/promotion v		n-Denominational any:
Reasons for leaving		
May we contact this employer? Yes No		



## Application for Employment FORM APP

Date

I certify that all answers and statements contained in this application are correct and true to the best of my knowledge. I understand that should the information be found to be false or misleading, my application will not be considered and my employment may be terminated.

**Signature of Applicant** 

## **Enclosures**

**Testimonials:** Please enclose three (3) testimonials from the following:

- One MUST be from either your Church Pastor/Church Elder/Church Clerk or Church Treasurer.
- The other two from upstanding church and/or community members who would have known you for more than three • (3) years.

**Proof of Qualifications:** A copy of certificates, diplomas and the like must accompany this application. The originals must be seen to verify the copies supplied and will be returned to the applicant immediately.

FOR	OFFICIAL U	JSE					
INTERVIEWED BY:							
POSITION RECOMMENDED:							
SALARY RECOMMENDATION:		_					
		Date:	Day	_/_	Month	_/_	Year