APPLICATION FOR EMPLOYMENT

Thank you for your interest in our company.

To enable us to consider your application more fully you are asked to please complete this form. This information will be treated in the strictest confidence.

At Intertel we believe it is important that people are placed in positions which will best suit their personal aptitudes, abilities, experience and potential. This application form will assist us to do so.

IMPORTANT

- This form must be completed in capital letters by the applicant in his/her own handwriting.
- Please indicate your selection, where applicable, by an "**X**".
- Applicants should submit the following with this completed application form:
  - A detailed Curriculum Vitae (CV)
  - A letter of application stating the reasons for applying
  - Certified copies of qualification certificates and identity document
- Documentary proof of present gross salary package must also be attached.
- The information marked with an asterisk (*) is required solely for compliance with the Employment Equity Act.

POSITION DETAILS	
Position applied for:	
Country/Office/Business Unit:	
Applicable notice period:	
How did this position come to your attention?	

PERSONAL DETAILS

Surname:		Title:			
First Names:		Gender:	Male	Female	
Marital Status:	Single	Married	Divorced	Separated	Widowed
Race*:	African	White	Coloured	Indian	Other (state)
Do you have a disability*?	Yes	No	If yes, specify		
Date of Birth:	D D M M C C Y Y	SA Identity No.:			
Nationality*		Date acquired SA citizenship*	D D M M C C Y Y		
Do you have a valid work permit? (if applicable)	Yes	No	Permit Number		
Permit expiration date (if applicable)	D D M M C C Y Y	*Please attach a certified copy of your work permit*			
Are you in possession of a valid driver's licence?	Yes	No	If Yes, state code(s)		
Are you a member of a medical aid scheme?	Yes	No	If Yes, membership number:		
Medical aid provider:					

Contact Address:	Physical	Postal

Telephone numbers:	Work:	Home:	
Mobile phone no.		Fax No.:	

E-mail address:	

NEXT OF KIN AND DEPENDENT DETAILS				
Details of Next of Kin:	Name: Title/Name/Surname		Relationship:	
	Address		Tel No.	
			E-Mail:	
Details of Dependent Children:	Date of birth:	D D M M C C Y Y	D D M M C C Y Y	D D M M C C Y Y
	Gender:	1	2	3
	Date of birth:	D D M M C C Y Y	D D M M C C Y Y	D D M M C C Y Y
	Gender:	4	5	6

PREVIOUS ASSOCIATION WITH INTERTEL																	
Have you previously been **employed** by Intertel?														Yes		No	
If Yes, Position:									Business Unit								
Period From:	D	D	M	M	C	C	Y	Y	To	D	D	M	M	C	C	Y	Y
Have you previously **applied** for employment with Intertel?														Yes		No	
If Yes, Position:									Business Unit								
Date of application:										D	D	M	M	C	C	Y	Y

LANGUAGE PROFICIENCY (Fill the language and state - good, fair, slight)			
Language	**Speak**	**Read**	**Write**
Home Language:			

SCHOOL EDUCATION		
Name and place of school, college or institution	**Qualification attained and year obtained**	**Subjects passed**

ACADEMIC QUALIFICATIONS				
Degree/Diploma/ Certificate	**Institution**	**Majors/Speciality field**	**Date obtained**	**Did you graduate?**

Are you currently studying?	Yes	No	Furnish details:	

WORK HISTORY			
Employer	**Dates of employment**	**Position held and experience**	**Reason for leaving**
Reason for wanting to change employment:			

SERVICE BENEFITS	
Current Salary (Cost to Company)	R
Salary Expectation	R

PERSONAL REFERENCES
Referees should be individuals who are able to comment on your skills, knowledge and work behaviour relevant to the position for which you are applying. Please do not use the name of a relative. Ensure that these individuals have agreed to act as your Referee.

Referee's name		Referee's name		Referee's name	
Organisation		Organisation		Organisation	
Designation		Designation		Designation	
Address:		Address:		Address:	
Telephone No.		Telephone No.		Telephone No.	
Fax No.		Fax No.		Fax No.	
E-mail:		E-mail:		E-mail:	

OTHER:
Please give details of any additional skills and knowledge that you have that are relevant to the job for which you are applying

DECLARATION BY APPLICANT:
I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge.

Signature:	Date: