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| NOTE: This Application must be accompanied by the following:   * A motivation letter; * A 2 page CV outlining your experience; * Certified copies of all qualifications; * A certified copy of your ID. | | | | | | | | | | | | | | | |
| SECTION A: POST ADVERTISED | | | | | | | | | | | | | | | |
| Position Name: | | | | | | | | **Bookkeeper and Member Management Controller** | | | | | | | |
| If successful, when can you start? | | | | | | | | yyyy / mm / dd | | | | | | | |
| SECTION B: PERSONAL INFORMATION | | | | | | | | | | | | | | | |
| Surname: |  | | | | | | | | | | | | | | |
| First Name: |  | | | | | | | | | | | | | | |
| Initials: |  | | | | | | Nationality: | | |  | | | | | |
| ID No.: |  | | | | | | | | | | | | | | |
| Passport No.: |  | | | | | | | | | | | | | | |
| If not South African, please indicate: | | | | | | | | | | | | | | | |
| * + Whether you are in possession of a valid work permit: | | | | | | | | | | | |  | | |  |
| * + If ‘yes’, what is the expiry date? | | | | | | | | | | | | yyyy / mm / dd | | | |
| Do you have a valid driver’s license? | | | | | | | | | | | |  | | |  |
| Do you have your own vehicle? | | | | | | | | | | | |  | | |  |
| Have you ever been sequestrated or declared bankrupt? | | | | | | | | | | | |  | | |  |
| Do you agree to the Association obtaining your credit report from the major credit bureaus? | | | | | | | | | | | |  | | |  |
| Have you ever been dismissed from your employment? | | | | | | | | | | | |  | | |  |
| * + If yes, please provide details and reasons: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| SECTION C: CONTACT INFORMATON | | | | | | | | | | | | | | | |
| Cell Phone: |  | | | | | | Home Phone: | | |  | | | | | |
| Email: |  | | | | | | | | | | | | | | |
| SECTION D: LANGUAGE PROVICIENCY (State “Good”, “Fair”, or “Poor”) | | | | | | | | | | | | | | | |
| **Language:** | | **Speak:** | | | | **Read:** | | | | | | | **Write:** | | |
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| SECTION E: EDUCATION (Please attach certified copies of all qualifications) | | | | | | | | | | | | | | | |
| **Name of Institution:** | | | | | **Qualification:** | | | | | | | | | **Year Obtained:** | |
|  | | | | |  | | | | | | | | | yyyy | |
|  | | | | |  | | | | | | | | | yyyy | |
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|  | | | | |  | | | | | | | | | yyyy | |
|  | | | | |  | | | | | | | | | yyyy | |
| SECTION F: WORK EXPERIENCE *(Starting with current)* | | | | | | | | | | | | | | | |
| **Name of Employer:** | | | | | | | | | **From:** | | | | | **To:** | |
|  | | | | | | | | | yyyy / mm / dd | | | | | yyyy / mm / dd | |
| Position: | | |  | | | | | | | | | | | | |
| **Employer:** | | | | | | | | | **From:** | | | | | **To:** | |
|  | | | | | | | | | yyyy / mm / dd | | | | | yyyy / mm / dd | |
| Position: | | |  | | | | | | | | | | | | |
| **Employer:** | | | | | | | | | **From:** | | | | | **To:** | |
|  | | | | | | | | | yyyy / mm / dd | | | | | yyyy / mm / dd | |
| Position: | | |  | | | | | | | | | | | | |
| **Employer:** | | | | | | | | | **From:** | | | | | **To:** | |
|  | | | | | | | | | yyyy / mm / dd | | | | | yyyy / mm / dd | |
| Position: | | |  | | | | | | | | | | | | |
| **Employer:** | | | | | | | | | **From:** | | | | | **To:** | |
|  | | | | | | | | | yyyy / mm / dd | | | | | yyyy / mm / dd | |
| Position: | | |  | | | | | | | | | | | | |
| **Employer:** | | | | | | | | | **From:** | | | | | **To:** | |
|  | | | | | | | | | yyyy / mm / dd | | | | | yyyy / mm / dd | |
| Position: | | |  | | | | | | | | | | | | |
| **Employer:** | | | | | | | | | **From:** | | | | | **To:** | |
|  | | | | | | | | | yyyy / mm / dd | | | | | yyyy / mm / dd | |
| Position: | | |  | | | | | | | | | | | | |
| SECTION G: REFERENCES | | | | | | | | | | | | | | | |
| **Name of Employer:** | | | | **Contact Person:** | | | | | | | **Contact No.:** | | | | |
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| SECTION H: DECLARATION | | | | | | | | | | | | | | | |
| I declare that all information (including any attachments hereto) contained herein is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being rejected or my termination of employment if appointed. | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | | | | | | | |
| Date | | | | | | Signature | | | | | | | | | |