JOB APPLICATION FORM

Welcome	Dear Applicant, Thank you for showing interest in applying for one of the current vacancies at Fruitways. The completion of this form is compulsory in order for your application to be considered. Only fully completed forms will be accepted. Should your application be successful and shortlisted, we will contact you. In the case where your application is unsuccessful, we will give you feedback once an appointment has been made. Kind regards, **Human Resources Department** Farm Fresh. Always. Phone: +27 (0) 21 851 9744
Content	This standard two-page application form requires you to provide us essential information in order for us to identifiy a shortlist of candidate in minimal time. The following information are required: 1 Biographical Information 2 Education and training 3 Employment and work experience 4 References By completing, signing and submitting this form to Fruitways, you understand and accept that any misrepresentation will automatically and immediately lead to the rejection of your application, or if the application is successful, a disciplinary investigation with summary dismissal as the possible consequence. Furthermore you specifically and willingly permit the company to undertake any credit or criminal charge checks, and state that to your knowledge you have no financial or criminal offences, past or pending, that would preclude you from normal employment.

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JOB APPLICATION FORM
(To be personally completed by all applicants)

Position applying for:			
Salary expectation:		**Media Source:**	
Full names:	**First name**	**Middle name**	**Surname**
Contact numbers	**Home**	**Work**	**Mobile**
Address			
Citizenship(s) and ID			
Valid driver's licence	☐ **Yes**	☐ **No**	
			Code:
Languages	**Indicate level of proficiency in terms of weak/fair/good**		
	Speak	**Read**	**Write**
Languages 1:	Select one	Select one	Select one
Languages 2:	Select one	Select one	Select one
Languages 3:	Select one	Select one	Select one
School Education	**Highest Grade**	**Name of School**	**Year completed**
Tertiary Education (three highest qualifications)	**Degree/Diploma**	**Institution**	**Year completed**
Other relevant training completed (three most relevant)	**Name/type of Course**	**Institution/Provider**	**Year completed**

Employment and work experience
(Start with your most recent employer and include no more than three jobs)

Company	**Position Held**	**Start Date**	**End Date**
Main Duties			
Reasons for leaving:			

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Company	Position Held	Start Date	End Date
Main Duties			
Reasons for leaving:			
Company	Position Held	Start Date	End Date
Main Duties			
Reasons for leaving:			
References	Provide full details of at least one employer and one personal reference that we may contact with your permission.		
Contact person	Position in organisation or nature of personal relationship	Name of organisation (if relevant)	Contact telephone number(s)
Health	Please state whether you have any medical or physical condition that will prevent of hinder you from carrying out the duties of the position you are applying for.		
	☐ No	☐ Yes	
	If yes, please elaborate:		
I declare that the information given in this form is correct.			
Full name:			
Date:			
Signature:			