

Employment Application Form

Position Applied For:

Facility:

Personal Details

First Name: Initials:

Surname: Known As:

ID Number:

Gender: **M** **F** Race: **African** **Coloured** **Asian** **White**

Date of Birth:

Do you have a disability as defined by the Department of Labour? **Yes** **No**

If yes, please specify:

Are you a South African Citizen? **Yes** **No**

If no, do you have a permit to work in South Africa? **Yes** **No**

If yes, please attach a certified copy to this form.

Contact Details

Cell Phone Number: Landline:

Alternative Number:

Residential Address:

Postal Address: Postal Code:

Job Information

Part Time? **Yes** **No** Full Time? **Yes** **No**

How did you hear about this position?

What is your current remuneration?

General

Have you previously applied to work at Life Healthcare? **Yes** **No**

Have you previously worked at a Life Healthcare hospital or business unit? **Yes** **No**

If yes, which hospital or business unit?

What was your position title?

Do you have relatives employed by Life Healthcare? **Yes** **No**

If yes, please give details:

Do you have a personal business interests or are you a director of a private company or close corporation? **Yes** **No**

If yes, please give details:

Where applicable, and in the execution of your normal duties, you may be exposed to certain health risks. The following are examples of such health risks:

- Manual handling of objects or patients (i.e. muscular-skeletal problems, back, neck or shoulder pain)
- Latex (i.e. dermatitis, asthma)
- Radiation (i.e. pre-malignant or malignant condition)
- Chemicals (i.e. dermatitis, asthma, chronic bronchitis)

If you have any of the above or another condition that may be worsened and may have an impact on your appointment, please disclose such information below:

Registration to Work

Do you have a license or registration to perform the work you are applying for?

Yes	No

If yes, please complete the following:

Registration Type:	<input style="width: 95%;" type="text"/>	Registration Number:	<input style="width: 95%;" type="text"/>
Registration Body:	<input style="width: 95%;" type="text"/>	Registration Date:	<input style="width: 95%;" type="text"/>
Renewal Date:	<input style="width: 95%;" type="text"/>	Expiry Date:	<input style="width: 95%;" type="text"/>
Country Issued	<input style="width: 95%;" type="text"/>		

COVID 19 Vaccination

Have you been vaccinated against COVID-19?

Yes	No

If yes, please complete the following:

Vaccine type received i.e. Janssen, Pfizer:	<input style="width: 95%;" type="text"/>	Number of doses received:	<input style="width: 95%;" type="text"/>
--	--	------------------------------	--

References

- | | | |
|----|-----------------------------|--|
| 1. | Company: | <input style="width: 95%;" type="text"/> |
| | Position: | <input style="width: 95%;" type="text"/> |
| | Contact Person Name: | <input style="width: 95%;" type="text"/> |
| | Position of Contact Person: | <input style="width: 95%;" type="text"/> |
| | Contact Phone Number: | <input style="width: 95%;" type="text"/> |
- | | | |
|----|-----------------------------|--|
| 2. | Company: | <input style="width: 95%;" type="text"/> |
| | Position: | <input style="width: 95%;" type="text"/> |
| | Contact Person Name: | <input style="width: 95%;" type="text"/> |
| | Position of Contact Person: | <input style="width: 95%;" type="text"/> |
| | Contact Phone Number: | <input style="width: 95%;" type="text"/> |
- | | | |
|----|-----------------------------|--|
| 3. | Company: | <input style="width: 95%;" type="text"/> |
| | Position: | <input style="width: 95%;" type="text"/> |
| | Contact Person Name: | <input style="width: 95%;" type="text"/> |
| | Position of Contact Person: | <input style="width: 95%;" type="text"/> |
| | Contact Phone Number: | <input style="width: 95%;" type="text"/> |

May Life Healthcare contact the references listed above?

Yes	No

Consent & Declaration

Consent to Perform Integrity Assessments

It is in both your and the Company's best interest to perform integrity assessments prior to employment. An integrity assessment involves compiling a comprehensive background check relevant to the job that will be performed. One or more of the following methods are used:

- Reference check with referees as supplied
- Qualification check
- SANC check (if applicable)
- Credit and/or criminal check

Consent to Process Personal Information

I am aware that:

- In processing my personal information, the Company may have access to sensitive personal information, including information about my criminal behaviour and my credit history;
- The Company may contact me and my references by telephone, email or post for the purposes set above.

I hereby:

- Consent the Company to process my personal information;
- Consent to this application form to be used for recruitment purposes;
- Voluntarily consent for an integrity assessment to be carried out on me;
- Accept that the integrity assessment is part of the pre-employment selection process;
- Accept that Life Healthcare is under no obligation to make use of my services;
- Authorise the Company to receive and store my personal information in accordance with legal and business requirements;
- Understand that all personal information is disclosed in confidence and will be kept in a secure manner and will be held discreetly and strictly confidential by the Company;
- I understand that the ability to proceed with the application may be impacted should I not consent to the above.

Note: Should you feel the Company is not processing your information appropriately or if you wish to correct information – The Group Information Officer can be contacted by emailing myprivacy@lifehealthcare.co.za. The Information Regulator infoereg@justice.gov.za is responsible for monitoring the processing of Personal Information in South Africa.

Is there any other information, which may have a bearing on your suitability for the position?

Yes	No
-----	----

If yes, please detail (nature, date):

Date:

Place:

Signature:

Declaration:

I hereby declare that all particulars and answers in this application form are true and no material fact has been withheld. I agree that this application and declaration shall be the basis of any contract between the Company and, that the withholding of any material information or failure to answer the questions correctly will constitute a breach of a condition of my employment (if I am successful in my application) for which I may be dismissed.

Signature

Date