



an agency of the  
Department of Arts and Culture

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P.O. Box 4637 | Cape Town | 8001 | www.sahra.org.za

## APPLICATION FOR EMPLOYMENT (Page 1 of 2)

The completed application form is to be signed and submitted to the HR representative at the time of your interview. Please ensure that a **certified copy** of the following documents is attached to this application:

**\*All qualifications   \*Identity Document   \*Drivers License   \*Tax Certificate**

<b>Position Applied for:</b>												
<b>Location:</b>												
<b>BIOGRAPHICAL DATA</b>												
Surname:						Title:						
First Names:												
Known as:						Initials:						
Gender:		<b>M</b>		<b>F</b>		Date of Birth:						
Identity Number:												
Marital Status:						Maiden Name:						
Nationality:						Passport Country of Issue:						
Passport Number:												
Permanent Resident:		<b>Yes</b>		<b>No</b>		Home Language:						
Other Languages:												
Race:		<b>Indian</b>		<b>African</b>		<b>Coloured</b>		<b>White</b>				
Disability:		<b>Yes</b>		<b>No</b>		Type of Disability:						
Criminal Record:		<b>Yes</b>		<b>No</b>		Solvent:			<b>Yes</b>		<b>No</b>	
Tax Number:						Tax Office:						
<b>ADDRESS DETAILS</b>												
Residential Address:		Unit No:		Complex:								
Street Number:		Street Name:										
Suburb / District:												
City:						Postal Code:						
Postal Address:												
Line 2:												
Line 3:						Postal Code:						
Cell Number:						Home Number:						
Name of Next of Kin:						Relationship:						
Email:				Cell Number:			Home Number:					
<b>QUALIFICATIONS</b>												
Highest Qualification:						Student Number						
Start Date:						End Date:						
Institution:												
Other Relevant Qualifications:												
Start Date:		End Date:										
Institution:												
Other Relevant Qualifications:												



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## APPLICATION FOR EMPLOYMENT (Page 2 of 2)

Start Date:					End Date:						
Institution:											
Drivers License:	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	Code			License Number:			
<b>PROFESSIONAL MEMBERSHIP</b>											
Organisation:											
Registration Number:											
<b>EMPLOYMENT HISTORY</b>											
Current Employer:					Job Title:						
Start Date:				Reason for Leaving:							
Salary	Current Salary				Expected Salary						
Previous Employer:					Job Title:						
Start Date:					End Date:						
Reason for Leaving:											
Previous Employer:					Job Title:						
Start Date:					End Date:						
Reason for Leaving:											
Previous Employer:					Job Title:						
Start Date:					End Date:						
Reason for Leaving:											
Have you ever been dismissed, convicted of a criminal offence or has incapacity procedures been contemplated against you:								<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
If YES, please give a reason:											
<b>CONSENT</b>											
Do you consent to us conducting references from the below referees:						<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Managers Name:					Company:						
Position:					Landline Number:						
Managers Name:					Company:						
Position:					Landline Number:						
Managers Name:					Company:						
Position:					Landline Number:						
Do you consent to us conducting a criminal check:				<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you consent to us conducting a check to verify your qualifications:						<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INDEMNITY</b>											
I acknowledge that I have applied for a position within SAHRA and accept that the Agency places a premium on a relationship of trust with its employees and that it must take reasonable steps to ensure the integrity and honesty of applicants for employment, I by my signature hereto agree to the following:											
1. that the Agency may at any time enquire or conduct reference checks concerning my employment history.											
2. that the Agency any conduct a criminal and / or credit check enquiry with any service provider of their choice.											
I confirm that the information supplied in this application is true, correct and complete in every respect and accept that incorrect or incomplete information may lead to my offer of employment being withdrawn or my service contract being terminated.											
Signature of Applicant						Date					