



MEDICAL HUMAN RESOURCES(PTY) LTD

TRADING AS

MEDI-NURSE MEDI-Staff

Application for employment

Please complete this form in detail in your own handwriting. All information will be regarded as strictly confidential. The Company hereby guarantees that no information provided on this form will be used to discriminate against you indirectly on any arbitrary grounds.

Registration on database:
Specific application:
Position you are applying for:
Job reference number:
Locality:
Closing date:

Registration details

Title*: Mr Mrs Miss Dr Prof First name*: Known as:

Initials*: Surname*: Maiden name (if applicable):

email: Cellphone number/Landline*:

Communication preference: SMS email (please tick)

Nature of employment required*: Permanent and temporary (complete pages 1 to 5) Temporary (complete pages 1, 4 and 5)

Candidate source*: External Internal Agency Employee number (if internal):

Current availability*: Immediate 1 week 2 weeks 4 weeks 4 weeks+ Negotiable Not negotiable (keep me in mind)

Where did you hear about us*: Word of mouth Employee Website Press advertising Online advertising Other:

Core area of expertise*: Board Engineering/Technical Executive Financial General administration General management

Care worker Human resources & training Information technology Legal Marketing/Public relations Medical

Nursing-General Nursing-Specialised Operations Pharmaceutical Procurement Property Risk management

Security & investigations Support services Other:

Personal details

Gender (Equity reporting)*: Male Female Race (Equity reporting)*: African Asian Coloured Indian White

Disabled (Equity reporting)*: Yes No Nature of disability: Blind Deaf Hearing impediment Loss of limb

Mentally disabled Paraplegic Quadriplegic Visually impaired Other:

SA ID no/SA Passport no*: and/or non SA passport no:

and work permit: (mandatory if non SA passport) please attach applicable documents

Driver's licence: Yes No Date of birth: (DD/MM/YYYY)* / /

Other contact telephone number (w): (h): Fax number:

Residential address: Unit no: Complex: Street no: Street/Farm*:

Suburb/District*: City/Town*: Postal code*:

Postal address (if different): Postal code:

Province: Eastern Cape Free State Gauteng KwaZulu-Natal Limpopo Mpumalanga Northern Cape

North West Province Western Cape Other

*mandatory



OTH08128REV001 Pa2350 rev 25/01/2011



Qualifications and experience

Highest level of qualification*: Secondary school Matric Certificate Diploma Undergraduate Bachelors degree
 Honours degree Masters degree Doctorate
 Relevant work experience*: No experience <2 years 3-5 years 6-10 years 11-15 years 16+ years
 People management responsibility*: None Small team (1-5 employees) Medium team (6-30 employees) Large team (31+ employees)
 Managerial experience*: None Supervisory Management <5 years Management 5-9 years Management 10+years
 Executive Board Required gross monthly salary (basic): (SA Rands)*.....
 Are you willing to relocate?* No Yes, within SA Yes, within SA and internationally Yes, internationally
 Nursing category: N/A Professional Nurse Enrolled Nurse Nursing Auxiliary Pupil Nursing Auxiliary Care Worker
 Do you have any known medical conditions that may impact on your ability to work?* Yes No
 If yes, please describe:
 Geographical area of preference: All Free State Gauteng KwaZulu-Natal Limpopo Mpumalanga Namibia
 North West Province Northern Cape Western Cape
 Locality of preference:
 First: Second: Third:
 Achievements (academic, sport, leadership, business, community, etc.):

Education details (please start with most recent qualification)

Institution*: Location:
 Status of qualification*: Completed In progress Incomplete Date of completion*:
 Qualification*:
 Qualification type*: Secondary school Matric Certificate Diploma Undergraduate Bachelors degree
 Honours degree Masters degree Doctorate
 Description (please provide comprehensive information on subjects, grades, etc.):

Education details continued

Institution*: Location:
 Status of qualification*: Completed In progress Incomplete Date of completion*:
 Qualification*:
 Qualification type*: Secondary school Matric Certificate Diploma Undergraduate Bachelors degree
 Honours degree Masters degree Doctorate
 Description (please provide comprehensive information on subjects, grades, etc.):

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 Status of qualification*: Completed In progress Incomplete Date of completion*:
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 Qualification type*: Secondary school Matric Certificate Diploma Undergraduate Bachelors degree
 Honours degree Masters degree Doctorate
 Description (please provide comprehensive information on subjects, grades, etc.):

Additional educational information

.....

*mandatory





Employment details (please start with current/most recent employer)

Company name*: Company size: Small (<50) Medium (50-1 000) Large (1 000+)

Sector: Brand, marketing & advertising Education Financial services Public healthcare Human resources Legal

Manufacturing & engineering Architecture & construction Medical Professional services Public sector & non-profit organisations

Safety, security & defence Technology, media & telecoms Travel & tourism Other:

Location: Country*:

Job title: Employed from*: / / Employed to*: / /

Job type (Please be very specific for example: NURSING-GENERAL or NURSING-SPECIALISED UNITS):

Job status*: Permanent Fixed-term contractor Independent contractor Temporary Gross monthly salary*: (SA Rands)

Remuneration type: Commission only Basic & commission Basic with no benefits Total cost to company

Reasons for leaving*:

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Main responsibilities and duties*:

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Employment details continued

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Main responsibilities and duties*:

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Language

Language*: Read: Fair Average Good Write: Fair Average Good Speak: Fair Average Good
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Tax reference

Tax reference number*: (please attach copy) Tax directive number:

Professional associations (please attach proof)

Organisation*: South African Nursing Council South African Pharmacy Council Health Professions Council of South Africa
Other:
Membership reference no*: Receipt no:
Location*: Date of membership*: Month/Year: / Are you currently registered?* Yes No

Indemnity (please attach proof)

Provider: Receipt no: Reference no:

PDP Licence (professional drivers only) please attach copy

Licence no: Expiry date:

Reference 1 (please provide three references)

Title: Mr Mrs Miss Dr Prof Contact initials*: Contact surname*:
Company: Designation*: Office landline OR cellphone*:
email: Reference type*: Professional Personal

Reference 2

Title: Mr Mrs Miss Dr Prof Contact initials*: Contact surname*:
Company: Designation*: Office landline OR cellphone*:
email: Reference type*: Professional Personal

Reference 3

Title: Mr Mrs Miss Dr Prof Contact initials*: Contact surname*:
Company: Designation*: Office landline OR cellphone*:
email: Reference type*: Professional Personal

Qualifying questions (please refer to the advertisement for questions, if applicable)

Question 1: Yes No Question 2: Yes No Question 3: Yes No Question 4: Yes No Question 5: Yes No

Open-ended questions (please refer to the advertisement for questions, if applicable)

Please attach written material if applicable.

*mandatory



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Recruitment and selection information policy

Medical Human Resources will use any personal data collected through the application form for recruitment purposes only and, should your application be successful, for purposes connected with your employment.

However, registering your application and/or receipt and acknowledgement of any kind by Medical Human Resources shall not be an indication that your application will be successful and/or lead to employment. Incomplete applications will not be considered for vacancies.

I hereby authorise Medical Human Resources Ltd's duly authorised verification agent, MIE Resource Services, to forward my fingerprints and any other personal information to verification information suppliers acting on behalf of MIE Resource Services (including but not limited to the South African Police Services, the South African Criminal Record Centre, the Government of the RSA, and any relevant educational, training and credit organisations) for the purpose of verifying my personal credentials and records.

I furthermore authorise MIE Resource Services' verification information suppliers to furnish information regarding my licence, criminal, credit, professional and educational history to MIE Resource Services and Medical Human Resources Ltd. I furthermore unconditionally indemnify MIE Resource Services and its verification information suppliers against any liability that may result from furnishing information in this regard.

I understand that it is a condition of MIE Resource Services' verification information suppliers that this information is furnished by them solely for the purposes of my proposed or continued employment via the offices of Medical Human Resources Ltd and that any information that is furnished to Medical Human Resources Ltd and MIE Resource Services will be disclosed to me before a decision is made about my employment or application for employment.

I accept the responsibility for securing the privacy of email and cellphone messages.

I hereby authorise Medical Human Resources to contact my references as stipulated on my application form.

I certify that the information in this document is correct and complete in every respect.

Information policy

I hereby confirm that I read, understood and:

I accept

I decline

the contents of the policy.

..... (signature)

Date: (of application)