

# ACME PHOTO & GENERAL STORE EMPLOYMENT APPLICATION FORM

**PERSONAL INFORMATION**

Date: \_\_\_\_\_ EE no. \_\_\_\_\_

Name: \_\_\_\_\_

Age \_\_\_\_\_

Sex: Male/Female

Address: \_\_\_\_\_  
\_\_\_\_\_

Name/Address: \_\_\_\_\_  
&Tele no of  
Next of Kin: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Dependents (Total) \_\_\_\_\_

Dependents/Children/Ages: \_\_\_\_\_

Valid Drivers' Licence: Yes / No

Police Clearance: Yes / No

NIS Number: \_\_\_\_\_

ID Number: \_\_\_\_\_

Passport no. \_\_\_\_\_

Bank Acct no. \_\_\_\_\_

Position Required: \_\_\_\_\_

Salary Required: \_\_\_\_\_

When are you available to commence work: \_\_\_\_\_

**Work History: Former Employers**

Date / Month / Year	Employers Business Name & Address	Position & Brief Job Description	Salary	Referee Name & Phone no.	Reason for leaving
From					
To					
From					
To					
From					
To					
From					
To					

**OFFICIAL USE ONLY**

Temporary Position: \_\_\_\_\_ Date Start: \_\_\_\_\_ Salary: \_\_\_\_\_ Finish \_\_\_\_\_

Permanent Position: \_\_\_\_\_ Date Start: \_\_\_\_\_ Salary: \_\_\_\_\_ Finish \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Education	Name & Location of School & Further Educational Institutions	Subjects taken & passed along with Grades/ Certificates/ Diplomas	Academic Year
School			
Further Education			

**GENERAL INFORMATION**

Are you willing to work overtime? Yes/No                      Are you willing to undertake other jobs/tasks? Yes / No

Are you familiar with Georgetown? Yes/No                      Approximate travelling time:                      Hrs                      Mins

Do you have or ever had any relatives or friends employed at Acme?                      Yes / No

If yes, please state name and position: \_\_\_\_\_

Hobbies:

Source of Application:    Newspapers / Television / Radio / Friends / Other

Do you smoke? Yes/No/Sometimes                      Do you drink alcohol?    Yes/No/Sometimes

**Medical History**

Please give details of any accidents, operations or recurring or previous illness (e.g. allergies, asthma, physical injuries) past or present.

Please also provide your previous and current Doctor (name & address) or Medical Centre that you seek/sought for medical attention

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Declarations**

I declare that the answers and information noted on this application are true and correct to the best of my knowledge and belief. I understand that any false information or any unsatisfactory references based on my character and work performance verbal or written, also any misrepresentation or omission of any information or facts called for in this application is cause for my immediate dismissal.

Therefore I hereby authorize an investigation of all statements contained in this application and expressly authorize the release of any medical information concerning my past and present condition by any practitioner or hospital.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_