



South African High Commission
Wellington, New Zealand

APPLICATION FOR EMPLOYMENT: LRP

Instruction

*This form must be completed in black ink by the applicant in his/her handwriting:
Copies of educational service certificates and CV must accompany this application.*

Photo

*not older
than a year*

| Employment desired | |
|-----------------------------|--|
| Employment desired | |
| Ref no (if any) | |
| When can you assume duty? | |
| Personal details | |
| Surname | |
| Name/s | |
| Identity number | |
| Passport number | |
| Date of birth | |
| Place of birth | |
| Nationality | |
| Contact number | |
| Present residential address | |

| | | | | |
|----------------------------|---------|----------|--------|---------|
| Mark the appropriate space | Male | Female | | |
| | Widowed | Divorced | Single | Married |

| | |
|--------------------------------|--|
| Number of independent children | |
| Respective ages | |

KNOWLEDGE AND QULAIFICATIONS

Attach your Curriculum Vitae (CV) with the following particulars as a prerequisite for your application to be considered:

| | | | |
|----------------------------|--------------------|------------------|---------------|
| Educational qualifications | Employment history | Military service | Special skill |
|----------------------------|--------------------|------------------|---------------|

LANGUAGE PROFICIENCY

(State "good" "fair" "poor" in the appropriate spaces)

| Specify languages | | | | |
|-------------------|--|--|--|--|
| Language | | | | |
| Speak | | | | |
| Read | | | | |
| Write | | | | |

CONTACTS AND RELATIVES

List any personal or other contacts you have in South Africa

| Individual | Occupation | Address |
|------------|------------|---------|
| | | |
| | | |
| | | |

List any relatives or friends who are employed by local government

| Name | Relationship | Name of Government institution |
|------|--------------|--------------------------------|
| | | |
| | | |
| | | |

CITIZENSHIPS

List each country of which you have been a citizen

| Country | Period | How was citizenship required |
|---------|--------|------------------------------|
| | | |
| | | |

I declare that the above particulars are complete and correct ant I understand that any false information supplied could lead to my immediate discharge.

Signature

Date