

## EMPLOYMENT ACCESS PROGRAMME APPLICATION FORM

### Welcome to the Employment Help Desk

The service includes guidance in writing up comprehensive CV's, and applying for work online. **Tuesdays, Wednesdays and Thursdays** job advertisements are made available and assistance is given in sending emails and making telephone calls, as well as fax applications. Additionally, we create email addresses. For clients who are computer literate and are able to apply independently, the Computer Lab is open on **Mondays and Wednesday mornings: 9am – 12pm**.

Ask about the **free 2 day Job Readiness Workshop** after a new CV has been generated for you.

#### Instructions on Completing this Application Form:

1. Book your appointment at Reception to create CV. **New CVS will only be created on Mondays by appointment ONLY!**
2. Take form home and complete in English. If you have any misunderstandings or questions, please ask.
3. Return to Scalabrini at scheduled **appointment time** with all of the following (**applicable**) **ORIGINAL DOCUMENTS**:
  - **ID**
  - **Passport with Work Permit or Study Permit**
  - **Educational Certificates**
  - **Asylum / Refugee Permit**
  - **Written references (copy)**
  - **Other Training Certificates**
  - **Cover letter (copy)**
  - **Driver's License**
4. We will create a CV for you based on the information on this form.
5. Once your CV has been created, we will inform you of what our expectations of you as a client are.
6. After that you will be free to access the desk on **Tuesdays, Wednesdays and Thursdays from 9am – 11:00am** to receive the following:
  - 3 x copies of your CV
  - 3 x telephone calls
  - 3 x email or online job applications,
  - 3 x faxes

### MEMBER INFORMATION

#### A. PERSONAL INFORMATION

<b>Salutation</b>	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Prof.	<input type="checkbox"/> Rev.	<input type="checkbox"/> Other					
<b>First Name</b>				<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other					
<b>Middle Name</b>				<b>Date of Birth</b>	D	D	M	M	Y	Y	Y	Y
<b>Last Name</b>				<b>Age</b>								
<b>First Language</b>				<b>Other languages</b>								
<b>Country of Origin</b>				<b>Address</b>								
<b>Legal Status</b>												
<b>DHA ID Number</b>												
<b>Expiry Date</b>				<b>Suburb</b>								
<b>Mobile Number</b>				<b>Personal Email</b>								
<b>In case we can't contact you</b>	Name:			Relationship to you:			Phone number:					
<b>Marital Status</b>	<input type="checkbox"/> Single			<input type="checkbox"/> Married			<input type="checkbox"/> Divorced					
<b>Disability</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please specify:									
<b>Race (for statistical reasons)</b>	<input type="checkbox"/> African		<input type="checkbox"/> Indian/Asian		<input type="checkbox"/> Coloured		<input type="checkbox"/> White		<input type="checkbox"/> Other			
<b>MS Word</b>	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced											
<b>MS Excel</b>	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced											
<b>Other Computer Skills</b>	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced Please specify: _____											

<b>Tell me about yourself</b>	

<b>What are your strengths?</b>	<input type="checkbox"/> Able to work well under pressure <input type="checkbox"/> Adaptable <input type="checkbox"/> Ambitious <input type="checkbox"/> Attention for detail <input type="checkbox"/> Calm <input type="checkbox"/> Committed <input type="checkbox"/> Communicates well <input type="checkbox"/> Compassionate <input type="checkbox"/> Confident <input type="checkbox"/> Considerate <input type="checkbox"/> Creative <input type="checkbox"/> Critical thinker <input type="checkbox"/> Systematic	<input type="checkbox"/> Curious <input type="checkbox"/> Customer Focused <input type="checkbox"/> Disciplined <input type="checkbox"/> Dynamic <input type="checkbox"/> Eager to learn <input type="checkbox"/> Efficient <input type="checkbox"/> Energetic <input type="checkbox"/> Enthusiastic <input type="checkbox"/> Flexible <input type="checkbox"/> Focused <input type="checkbox"/> Friendly <input type="checkbox"/> Hardworking <input type="checkbox"/> Highly organized <input type="checkbox"/> Honest	<input type="checkbox"/> Optimistic <input type="checkbox"/> Orderly <input type="checkbox"/> Organized <input type="checkbox"/> Passionate <input type="checkbox"/> Patient <input type="checkbox"/> Positive <input type="checkbox"/> Proactive <input type="checkbox"/> Problem solver <input type="checkbox"/> Professional <input type="checkbox"/> Reliable <input type="checkbox"/> Resourceful <input type="checkbox"/> Self-motivated <input type="checkbox"/> Strong sense of self <input type="checkbox"/> Team player
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<b>Consent to Photo during gatherings, workshops and events at Scalabrini</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**B. EDUCATION**

<b>Highest Level of Education:</b>	<b>Type of Qualification</b>	<input type="checkbox"/> Grade <input type="checkbox"/> Matric <input type="checkbox"/> Bachelors <input type="checkbox"/> Honors <input type="checkbox"/> Masters <input type="checkbox"/> Other
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<b>Training 1</b>	Date started		Date Completed	
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<b>Qualification/Course</b>	
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<b>Name of School/Organisation</b>	
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<b>Training 2</b>	Date started		Date Completed	
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<b>Qualification/Course</b>	
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<b>Name of School/Organisation</b>	
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<b>Training 3</b>	Date started		Date Completed	
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<b>Qualification/Course</b>	
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<b>Name of School/Organisation</b>	
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<b>Training 4</b>	Date started		Date Completed	
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<b>Qualification/Course</b>	
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<b>Name of School/Organisation</b>	
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**C. EMPLOYMENT HISTORY (most recent to older)**

<b>Company #1 Name</b>		<b>From</b>	Month	Year	<b>To</b>	Month	Year
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<b>Position</b>		<b>Type</b>	<input type="checkbox"/> Full-time	<input type="checkbox"/> Flexible work hours	<input type="checkbox"/> In-service
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<b>Duties and Responsibilities</b>	

<b>Reason for Leaving</b>	
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<b>Company #2 Name</b>		<b>From</b>	Month	Year	<b>To</b>	Month	Year
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<b>Position</b>		<b>Type</b>	<input type="checkbox"/> Full-time	<input type="checkbox"/> Flexible work hours	<input type="checkbox"/> In-service
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Duties and Responsibilities							
Reason for Leaving							
Company #3 Name		From	Month	Year	To	Month	Year
Position		Type	<input type="checkbox"/> Full-time		<input type="checkbox"/> Flexible work hours		<input type="checkbox"/> In-service
Duties and Responsibilities							
Reason for Leaving							

### D. CONTACTABLE REFERENCES (preferable local)

Reference 1			
Name		Company	
Position		Phone	
Email			
Reference 2			
Name		Company	
Position		Phone	
Email			
Reference 3			
Name		Company	
Position		Phone	
Email			
Do you give permission for your references to be contacted?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>By signing below you give permission for EAP to contact your references.</i>			

### D. CLIENT CODE OF CONDUCT

The EAP team is committed to providing a professional service to all our clients free of any form of discrimination and giving due and equal respect at all times.

EAP reserves the right to **REFUSE SERVICE** to any client for the following reasons:

- Clients who are, or seem to be under the influence of alcohol
- Clients who are, or seem to be harassing staff or clients
- Clients who use, or are seen to be using offensive or discriminatory language
- Clients who do not adhere to acceptable levels of personal hygiene
- Clients who habitually come in late for their appointments
- Clients who are seen to be abusing the service. No personal calls and emails. The service is for employment purposes ONLY.

**Clients who engage in any other action or behaviour that is deemed inappropriate conduct by the EAP Manager will be asked to leave the premises.**

As an EAP client you are expected to report promptly for all scheduled appointments or report telephonically your inability to honour your appointment.

**By signing this form, you agree that you have read and understood the EAP Rules of Conduct.**

### F. DECLARATION

I declare that the information I have given is true and correct.

Full Name		Date	
Signature			