# application form external



| Section I  | : Important details. Please complete (Block Letters)                                |  |  |  |  |
|--|---|--|--|--|--|
| Date:  | Position applied for:   |  |  |  |  |
| Vacancy requisition number:  | Woolworths store applied at:  |  |  |  |  |
| Which other Woolworths store(s) could you wo   | ork in ?:   |  |  |  |  |
|  |   |  |  |  |  |
|  | Section 2: Personal Details   |  |  |  |  |
| Title: Mr Mrs Ms Othe  | r: First Names:   |  |  |  |  |
| Surname:   | Preferred Name:   |  |  |  |  |
| Date of Birth:   | Do you have a valid South African bar coded ID? Yes No                              |  |  |  |  |
| ID / Permanent Residence Number:   |   |  |  |  |  |
| Work Permit Number:  | Nationality:  |  |  |  |  |
| Home Address:  |   |  |  |  |  |
| City:  | Postal Code: Province:  |  |  |  |  |
| Home Telephone:  | Work Telephone:   |  |  |  |  |
| Cell Number:   | Is this your personal number? Yes No  |  |  |  |  |
| If no, please provide the name of the conta  | ct: E-mail:   |  |  |  |  |
| When is the best time to contact you? Office hours Other Other (please specify time) |   |  |  |  |  |
| Do you have a valid driver's licence? Yes  | No  |  |  |  |  |
| In accordance with Woolworths employme   | ent equity approach, preference will be given to candidates from designated groups. |  |  |  |  |
| Please provide the following details: Ger  | nder: Male Female   |  |  |  |  |
| Ethnic origin: White Black: Africa   | n Coloured Indian Disability: Yes No  |  |  |  |  |

Note: A certified copy of your Identity Document must be attached to your application form.

Should you fail to complete any of the required information, this application form may be viewed as invalid for the purpose of the application process.

#### Section 3: Education and Training

Please provide details of any qualifications obtained, or courses attended, to support your application.

| Name of Institution                                     | From             | Until         | Name of q  | ualification |                          |                           |
|---|------------------|---------------|------------|--------------|--------------------------|---------------------------|
|   |                  |               |            |              |                          |                           |
|   |                  |               |            |              |                          |                           |
|   |                  |               |            |              |                          |                           |
|   |                  |               |            |              |                          |                           |
|   |                  | S             | Section 4: | Referral     |                          |                           |
|   |                  |               |            |              |                          |                           |
| How did you find out about this jo                      | b?               |               |            |              |                          |                           |
| Were you referred to Woolworths                         | ? Yes No         | o If yes, by  | whom?      |              |                          |                           |
| Are you related to anyone who is e                      | employed by Woo  | olworths? Yes | No [       |              |                          |                           |
| f yes, please indicate their Store / [                  | Department / Pos | ition:        |            |              |                          |                           |
| Have you applied to Woolworths before? Yes No           |                  |               |            |              |                          |                           |
| Have you been employed by Wool                          | worths before?   | Yes No        |            | Or           | by a Woolworths franchis | e store? Yes No           |
| f yes, please indicate their Store / [                  | Department / Pos | ition:        |            |              | When?                    |                           |
| Section 5: Employment History                           |                  |               |            |              |                          |                           |
|   |                  |               |            |              |                          |                           |
| Are you currently employed? Yes                         | No _             | ]             |            |              |                          |                           |
| If no, give reason:                                     |                  |               |            |              |                          |                           |
| Current & Previous Employers<br>(Temporary & Permanent) | Position Held &  | Key Duties    | D          | ate<br>Until | Basic salary & Benefits  | Reason for leaving/moving |
|   |                  |               |            |              |                          |                           |
|   |                  |               |            |              |                          |                           |
|   |                  |               |            |              |                          |                           |
|   |                  |               |            |              |                          |                           |
|   |                  |               |            |              |                          |                           |
|   |                  |               |            |              |                          |                           |
|   |                  |               |            |              |                          |                           |

### Section 6: Operational Requirements

| Hours of availability . You would be required t late at night. | to work flexible hours, be available on weekends and so | ometimes until |
|--|---|----------------|
| Will you be able to meet these requirements                    | ? Yes   |                |
| Any comments?  |   |                |
| Transport: Are you able to travel between stores               | s within your region when operationally required?       |                |
| • Day? Yes No • Night? Yes N                                   | lo . Own? Yes . No . • Public? Yes . No                 |                |
| Section 7: Co  | ontactable References (Not Relatives)                   |                |
| Please provide the following details for two individ           | uals we can contact to obtain a reference:              |                |
| I. Name and Surname:   |   |                |
| Position / Job Title:  | Company:  |                |
| Relation to Applicant:   |   |                |
| Home Telephone:  | Work Telephone:   |                |
| Cell Number:   | Email:  |                |
| 2. Name and Surname:   |   |                |
| Position / Job Title:  | Company:  |                |
| Relation to Applicant:   |   |                |
| Home Telephone:  | Work Telephone:   |                |
| Cell Number:   | Email:  |                |
| Sectio   | n 8: Conditions of Employment                           |                |
| What is your notice period?                                    |   |                |
| When can you start work?                                       |   |                |
| Minimum acceptable salary package :                            |   |                |

## Section 9: Applicant Permission and Indemnity (Full name, surname) \_ Date of Birth: \_\_\_ / \_\_/ Maiden Name: ID number: Address: Gender: Male Ethnic Origin: Black: African Coloured I hereby authorise Woolworths (Pty) Ltd. or the duly authorised agent, namely Lexisnexis Risk Management, to make my name, surname and identity number and / or fingerprints available to the South African Police Services, and the following Tertiary Education Institutions. Qualification Student No. Institution Year I furthermore authorise Woolworths (Pty) Ltd. or Lexisnexis Risk Management to conduct all background checks including but not limited to credit bureau searches, driver's licence, employment history, and any other relevant checks in the pre- or post-employment vetting process and where necessary to request the South African Police Services and / or Tertiary Education Institutions to furnish personal information regarding my criminal background, criminal history, previous convictions and / or any other relevant information such as is usually furnished by the Criminal Record Centre of the South African Police Service, and or Tertiary Education Institutions in this regard, to the duly authorised agent. I furthermore unconditionally indemnify the South African Police Service, relevant Tertiary Education Institutions and all its members, employees as well as the Government of the Republic of South Africa against any liability which results or may result from furnishing information in this regard. I understand that it is a condition of the South African Police Service and relevant Tertiary Education Institutions, in disclosing the required information that: (a) the information is furnished solely for the purpose of my proposed employment; and (b) Woolworths (Pty) Ltd. / the duly authorised agent is responsible for verifying the accuracy, in every respect, of the information furnished by the South Africa Police Service. \_\_\_\_\_\_ (place) this \_\_\_\_\_\_ day of \_\_\_\_\_\_ (month) (year) Signed at Signature of the applicant As the enquiring agent of the company, I hereby state that I understand the provisions of the National Credit Act (34 of 2005), section 70(2)(g), and the Regulations made in terms of the Act, section 18(4) and (5).

Lexisnexis Risk Management USERNAME:\_\_\_\_

Woolworths signatory:

#### Section 10: Disclosure, Declaration & Consent

| Α. | DISCL | OSL | JRE | OF | INF | ORN | 1AT | <b>NOI</b> |
|----|-------|-----|-----|----|-----|-----|-----|------------|
|----|-------|-----|-----|----|-----|-----|-----|------------|

| A. DISCLOSURE OF INFORMATION  |   |  |  |  |
|---|---|--|--|--|
| Are there any other material facts, circums placement with the Company, that have no                          | tances or information, which you believe might of been conveyed to the Company? Yes   | adversely impact upon your possible  No  |  |  |
| If the answer to the above is "Yes", you may be req   | uired to disclose, in con dence, any details to the Humar   | Resources department / interviewer.  |  |  |
| B. DECLARATION  |   |  |  |  |
| The applicant declares that:  |   |  |  |  |
| 1.1 You never were and still are not a party to, or to meet the job requirements or for reasons of any m      | hreatened by, litigation for reasons that may relate to you naterial nature.  | ır capacity and / or suitability and / or competence to  |  |  |
| = '   | n law offence or a statutory offence for reasons that may<br>er than that which had been placed on record at the tim  |  |  |  |
| 1.3 Your services have never been terminated by $\nu$ of trust that may have arisen between any previous      | way of dismissal on the basis where the underlying reasons employer and yourself.   | n for such termination was dishonesty or any breach  |  |  |
| application and declaration shall be the basis of any   | the application, items 1-9 inclusive, are true and that no contract that may be entered into between the comparhonestly will constitute a breach of contract. Such a breach | any and myself and that the withholding of any mate-   |  |  |
| C. CONSENT:   |   |  |  |  |
| I hereby consent to the company making credit and rectness or otherwise of any response that I have p         | d other reference checks (including, but not limited to an provided in the application).  | y checks that may be required to determine the cor-  |  |  |
| Surname:  | First Name:   |  |  |  |
| Signature:  | Date:   | _  |  |  |
| Please note that the fax dial cod   | e for all regions is (021) as our server is based a   | t our Head Office in Cape Town.  |  |  |
| Please fax or e-mail your completed applica   | tion form to the following addresses depending o  | on which region you wish to work in:   |  |  |
| Kwazulu-Natal   |   | Gauteng Central, Free State & Vaal Region  |  |  |
| Fax: 021 4079873<br>E-mail: recruitment3@woolworths.co.za   |   | Fax: 02   4079872<br>E-mail: recruitment   @woolworths.co.za   |  |  |
| Eastern Cape  |   | Gauteng North East   |  |  |
| Fax: 021 4079870<br>E-mail: recruitmentEC@woolworths.co.za  |   | Fax: 02   4079875<br>E-mail: recruitment2@woolworths.co.za   |  |  |
| Please fax or e-mail your completed applica Western Cape:   | tion form to the following addresses depending o  | on which stores you wish to apply for in the   |  |  |
| Management Vacancies  | New Store Openings  | Westgate Mall,V&A,Tableview, Constantia,<br>Caversham, Greenpoint, Meadowridge,<br>Milner Road                 |  |  |
| Fax: 021 4079885<br>E-mail: recruitment4@woolworths.co.za   | Fax: 02   4079886<br>E-mail: recruitment4projects@woolworths.co.za  | Fax: 02   4079944<br>E-mail: recruitmentwc0   @woolworths.co.za  |  |  |
| Cavendish, Hout Bay, Longbeach Mall,<br>Maynard Mall, Belvedere Road, Dean<br>Street, Fish Hoek, Kloof Street | Canal Walk, Kenilworth, Pinelands,<br>Promenade, Gardens, Grassy Park, Hermanus   | Somerset West, Somerset Mall, Parow,<br>Parklands, Waterstone, Westcoast,<br>Stellenbosch, Stellenbosch Square |  |  |
| Fax: 021 4079945<br>E-mail: recruitmentwc02@woolworths.co.za  | Fax: 02   4079946<br>E-mail: recruitmentwc03@woolworths.co.za   | Fax: 02   4079947<br>E-mail: recruitmentwc04@woolworths.co.za  |  |  |
| Cape Gate, Paarl, Paarl Mall, Big Bay,<br>Cobblewalk, Colloseum, Zevenwacht,<br>Soneike                       | Brackenfell, N1 City, Willowbridge,<br>Tygervalley, Durbanville, Glengarry,<br>Paddocks, Panorama   | Blue Route, Piazza St. John, Vangate,<br>Adderley Street, Old Bakery, Sea Point,<br>Steenberg, De Luz          |  |  |
| Fax: 02   4079948<br>E-mail: recruitmentwc05@woolworths.co.za   | Fax: 02   4079949<br>E-mail: recruitmentwc06@woolworths.co.za   | Fax: 02   4079950<br>E-mail: recruitmentwc07@woolworths.co.za  |  |  |