

COCHRANE

CANDIDATE APPLICATION FORM

FOR OFFICE USE:

Recruiter: Branch:

APPLICANT DETAILS:

Position Applying For:
Position Location:
Current Monthly CTC Salary:
Current Monthly Nett Salary:
Current Benefits:
Shares / Bonusses:
Expected Salary Nett

PERSONAL INFORMATION

First Name: Initials:
Surname: Title:
ID Number:
Date of Birth:
Sex: Male Female
Languages:
Criminal Offence (tick if any): Open Case Closed Case
Civil Offence (tick if any): Open Case Closed Case
Citizenship:
Passport / Work Visa Details:
Driver's License: Yes No
Driver's License Code:
Are you on any Chronic Medication:
Medical Aid: Yes No
Vaccination Status: Yes No
Vaccine Type:
Do you know any existing or past employees of Cochrane? Yes No
If Yes, who?

CONTACT DETAILS

Cell Phone Number: Alternative Number:
Email Address:
Residential Address:
Postal Address: Postal Code:
Next of Kin Name: Contact Number:
Relationship:

CAREER HISTORY (from most recent)

1.

Company Name: Duration:
Position:

Reason for Leaving:			
	2.		
Company Name:		Duration:	
Position:			
Reason for Leaving:			
	3.		
Company Name:		Duration:	
Position:			
Reason for Leaving:			
	4.		
Company Name:		Duration:	
Position:			
Reason for Leaving:			

REFERENCES

Please provide us with a minimum of 3 contactable previous employment references:

	1.		
Company Name:		HR Number:	
Referee Name:		Contact:	
Referee Designation:			
	2.		
Company Name:		HR Number:	
Referee Name:		Contact:	
Referee Designation:			
	3.		
Company Name:		HR Number:	
Referee Name:		Contact:	
Referee Designation:			
	4.		
Company Name:		HR Number:	
Referee Name:		Contact:	
Referee Designation:			

Illegal Drug Use Declaration

I hereby declare that I do not part take in any use or misuse of Illegal Drugs. Should there be any suspicion before, during or after the interviewing process, I give consent to allow **Cochrane** to request a Drug Test to be done.

Applicant Name & Surname

Applicant Signature

Date

Routine Polygraph Declaration

Cochrane does routine Polygraph testing on all employees.

I hereby declare that by signing this form, I give consent that **Cochrane** may complete a Polygraph test and share with the relevant parties upon their request any time before, during or after the interviewing process.

Applicant Name & Surname

Applicant Signature

Date

I hereby declare that all the above information is true and correct and that by signing this form, I give consent that **Cochrane** may complete all required and relevant verification checks and references and share with the relevant parties within the Business.

Applicant Name & Surname

Applicant Signature

Date