

CUM BOOKS BOEKE

Christian Family Bookstore • Christenfamilie-boekwinkel

Personal Information

Name: _____ Date: _____

Home Address: _____

City: _____ E-mail Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Business Phone Number: _____ Age: _____ Marital Status: _____

Children: _____ Health Status: _____ Church Denomination: _____

Language:

Speak	Read	Write
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Afrikaans		
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English		
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Other		
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Driver's License: YES NO

Do any of your family members work for Christian Art? YES NO If yes, state name: _____

Spouse's Occupation: _____ Can we call you during business hours? YES NO

Job Application

ID Number: _____

Position(s) for which you are applying: _____

Other area(s) of interest of employment: _____

Branch: _____ Name of interviewer: _____

Notice period: _____

Current Salary: _____ Salary range expectations: _____

Have you previously worked for Christian Art Distributors? YES NO If yes, supply dates of employment and position:

Have you applied at Christian Art Distributors before? YES NO If yes, supply the date and position:

How did you become aware of this position at Christian Art Distributors?

RADIO CHRISTIAN ART DISTRIBUTOR EMPLOYEE: _____
 WEBSITE: _____ PRINT MEDIA: (e.g. BEELD) _____ OTHER: _____

Preferred term of employment: FULL-TIME PART-TIME FREELANCE FIXED TERM

If part-time, what days and hours can you work? _____

Education (Highest Qualification)

EDUCATION HIGH SCHOOL, COLLEGE, AND POST-GRADUATE

INSTITUTION	HIGHEST QUALIFICATION	YEAR COMPLETED	NQF LEVEL

COMPUTER PROFICIENCY

EXCEL	<input type="radio"/> YES <input type="radio"/> NO	POWERPOINT	<input type="radio"/> YES <input type="radio"/> NO	SAP	<input type="radio"/> YES <input type="radio"/> NO
WORD	<input type="radio"/> YES <input type="radio"/> NO	BAAN	<input type="radio"/> YES <input type="radio"/> NO	CRYSTAL	<input type="radio"/> YES <input type="radio"/> NO
OUTLOOK	<input type="radio"/> YES <input type="radio"/> NO	WMS	<input type="radio"/> YES <input type="radio"/> NO	OUTPACK	<input type="radio"/> YES <input type="radio"/> NO

References

4. PROFESSIONAL REFERENCES TWO REFERENCES REQUIRED – NO RELATIVES

1. Name: _____ Relationship: _____

Work Phone Number: _____ Cell Phone Number: _____

2. Name: _____ Relationship: _____

Work Phone Number: _____ Cell Phone Number: _____

PERSONAL REFERENCES ONE REQUIRED – NO RELATIVES

1. Name: _____ Relationship: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____

References may be contacted by Christian Art YES NO

Full-Time Work History

FULL-TIME WORK HISTORY

May we contact you present employer YES NO *(All other employers may be contacted)*

1. Current / Most Recent Employer: _____ Type of Business: _____

Address: _____ Phone Number: _____

City: _____ Supervisor: _____

Supervisor's Title: _____ Starting Date: _____ Ending Date: _____

Current Position: _____ Salary Earned: _____

Job Duties: _____ Reason for Leaving: _____

*PLEASE FULL IN THE REMAINING WORK HISTORY IF EMPLOYMENT PERIOD FOR CURRECT/PREVIOUS EMPLOYMENT IS LESS THAT 5 YEARS

2. Current / Most Recent Employer: _____ Type of Business: _____

Address: _____ Phone Number: _____

City: _____ Supervisor: _____

Supervisor's Title: _____ Starting Date: _____ Ending Date: _____

Current Position: _____ Salary Earned: _____

Job Duties: _____ Reason for Leaving: _____

OTHER STATEMENTS

Please provide a brief statement telling us why you are interested in working at Christian Art Distributors:

Briefly describe your career goal(s):

AGREEMENT

I understand that Christian Art Distributors may thoroughly investigate my work history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all information I have given in this application is true and complete, and understand that, if employed, any false or misleading information provided on this form or in an interview may result in my discharge.

SIGNATURE

DATE