



**Languages:**

	<b>Basic</b>	<b>Average</b>	<b>Excellent</b>
English	_____	_____	_____
Afrikaans	_____	_____	_____
Other.....	_____	_____	_____
Other.....	_____	_____	_____

**ITC & Criminal Check**

Do you have an ITC Credit record? 

Yes	No
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Do you have a criminal record? 

Yes	No
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Do you have any objection to Crafters Market conducting a credit check and criminal record check on you? 

Yes	No
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Do you have any medical condition, which the company should be aware of (i.e. Diabetes, Epilepsy, etc ) 

Yes	No
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If yes, please state: \_\_\_\_\_

**Added Value**

What value can you add to Crafters Market?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you think Crafters Market should employ you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you know about Crafters Market?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to work for Crafters Market?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Experience

**1:**

Company Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Period Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Salary on leaving: \_\_\_\_\_  
References: \_\_\_\_\_

**2:**

Company Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Period Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Salary on leaving: \_\_\_\_\_  
References: \_\_\_\_\_

**3:**

Company Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Period Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Salary on leaving: \_\_\_\_\_  
References: \_\_\_\_\_

## Skills

	Basic	Average	Excellent
Merchandising:	_____	_____	_____
Customer Service:	_____	_____	_____
Computer Skills (Package):	_____	_____	_____
Excel / Spreadsheet:	_____	_____	_____
Word / Text Editor:	_____	_____	_____
Outlook (Express) / E-mail:	_____	_____	_____
Other .....	_____	_____	_____

Do you have any friends / family working for Crafters Market?

Yes

No

If yes, please state name and store: \_\_\_\_\_

I, \_\_\_\_\_, hereby declare that the above information is correct, and give Crafters Market permission to investigate all information on this application form.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

## Polygraph Consent Form

1. I, the undersigned \_\_\_\_\_ freely and voluntarily agree to take the Polygraph (lie detector)/voice stress test to be given to me by an employee of \_\_\_\_\_ (name of Polygraph Institute / Company) for the mutual benefit of myself and Crafters Market.

2. I agree that the result of this test and any conclusions that may be drawn from it by its agents and employees, may be disclosed in their sole discretion to Crafters Market its agents and employees and to any other interested persons both orally and in writing, for whatsoever use they may determine.

3. I fully understand that the results of this test, and the conclusion drawn from it by its agents and employees, may prove unfavourable to me. I do, nevertheless, hold its agents and employees, free and harmless from any claim of whatsoever nature which I may have against them for any damage or liability to me resulting from the taking of such and / or the disclosure of such results and conclusions drawn from it.

4. I hereby release, waive and forever discharge each of the above named companies, firms, their respective agents and employees, from all and any action or cause of action, claim, demand or liability of whatsoever nature which I have now or may ever have resulting directly or indirectly from my taking the Polygraph test and the oral and written options rendered because of the said examination and the subsequent release of the results of the examination and the oral and written options.

Name of Applicant \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_