

First Name:

Contact Phone:

AUSTRALIAN HIGH COMMISSION SOUTH AFRICA

TEMPORARY EMPLOYEE APPLICATION FORM

Last Name:

Alternate Phone:

Citizenship:	Email Address:
Current Visa Type:	
If not a SA citizen, do you ha	ve a current SA work permit?
PLEASE NOTE: Evidence of Sou	th African citizenship, visa and/or work authorisation will be required at time of employment
Are you the spouse or child of	If yes, is your spouse/parent working
an A-Based Employee?	at the Mission?
Do you hold a current	If yes, what is your clearance level?
Australian Security Clearance?	
Are you currently on Leave	If yes, do you have approval to work
Without Pay (LWOP)?	whilst on LWOP?
without ray (LWOF):	WINIST OII LWOF:
Work Availability:	Prefered Contract Duration:
Please Advise any upcoming dates that yo	u may be unavailable to work:
w. t. e	
Work Expectations:	
	wing types of positions? (select all that apply)
Corporate Services	Consular and Passports
Event Management	Driving
Visits	Research/Policy
Which of the following reflects your exped	ctations
Qualifications and Experience Summary:	(In 50 words or less summarise your relevant experience and qualifications)
	I Acknowledge that the information provided above is true and accurate

PLEASE NOTE: Your information will be kept on file for approx. 12 months. Please direct any feedback or questions to HR.Pretoria@dfat.gov.au

(For electronic submission, in lieu of signing, please enter your full name as acknowledgement)