

## **NIGHT DUTY COURIER**

LES MARAIS, PRETORIA



## WE MAKE PATIENT CARE A PRIORITY. IF YOU DO, JOIN OUR TEAM TODAY!

PathCare is a partnership of pathologists in private practice across South Africa that has been assisting doctors and healthcare professionals determine and confirm diagnoses since 1922. We are registered with the HPCSA (Health Professions Council of South Africa) and all our laboratories are SANAS accredited.

An opportunity exists for a Night Duty Courier to join the team in our Transport department at the Les Marais branch in Pretoria. We are seeking an individual with a high level of ethics and integrity who displays a proven track record of consistently aligning with the PathCare values.

## **Key Competency Requirements and Experience**

- Grade 12 (Matric)
- Must have a valid driver's license for both codes A and B
- Computer literate, capable of working on the employee self-service portal and accessing
- 2 years' courier delivery experience, including both motorcycle and vehicle experience
- Knowledge of the courier routes in the Pretoria area is highly advantageous
- Previous experience in a pathology/medical environment is highly advantageous
- Previous experience in working both day and night duty shifts will be advantageous

- A positive attitude & flexible work-style
- Effective communication and interpersonal skills
- Display initiative
- Ability to work under pressure, independently as well as in a team
- Customer-focused with attention to detail
- Adaptability
- Must be fluent in English with an understanding of Afrikaans
- Must be prepared to work shifts, weekends & public holidays
- Must have an acceptable track record/performance record with regard to the technical and behavioural

## **CLOSING DATE: Monday, 19 August 2024**

Join the PathCare team and enjoy partnering with thought-leaders and experts in the pathology and diagnostics field while impacting on the lives of patients. Your contribution to the company will be rewarded with a market-related remuneration package which includes a retirement fund contribution and risk benefits (Group Life & Disability Cover), a health care allowance, discounted pathology tests and payment of HPCSA annual registration. Through our partnership with The PathCare Academy, we emphasise our commitment to lifelong learning and development of our talent.

Applicants who meet the criteria and are interested in joining our dynamic team are required to complete the attached application form and submit this together with a CV to <a href="Mailto:Nadine.DeKlerk@pathcare.net">Nadine.DeKlerk@pathcare.net</a>

Please indicate the position you are applying for – <u>POST NUMBER 2880</u> and include a comprehensive CV and cover letter detailing the level and extent of your knowledge, skills and competencies required for this position.

Please note: by applying for this position, your application will be subject to verification checks of your driver's license, Identity Document, qualifications/proof of registration, credit and criminal checks if required. Candidates must be willing to participate in a rigorous evaluation process.





Surname							Position Applied For		
First Names							Location Of Position		
Title (e.g. Mr, Dr)									
Nickname							SCHOO	LING RI	ECOR
Residential Address							Highest Grade Passed		
PO Box/Private Bag/Work							Year Obtained		
addresses are not allowed			Po	stal Code			Name Of School /		
Phone No Home	( )				·		Institution		
- Work	( )								
- Cell							TERTIARY	QUALIF	FICAT
Private Email Address							Degree/Diploma	ľ	Institu
Postal Address									
(if different to residential)									
			Po	stal Code					
Identity Number									
Passport Number									
Tax Number							CURRENT / LATES	T EMPL	OYME
Are you registered with	Yes	Do you ha	ve emplo	vment	Yes		Company Name		
SARS as a taxpayer	No	in addition		•	No		Position Held		
Marital Status (for SARS)	Single	Married		mmunity operty	In Out		Period Employed		
Next Of Kin Full Names							Final Salary		
Relation to you (eg. wife)							Reason For Leaving		
Address						\	May we contact them?	Yes	
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Two Contact Numbers							Phone Number	(	)
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purposes		White		Indian			Position Held		
Mark relevant with X	Disability	No		Yes			Period Employed		
Nature Of Disability:							Reason Left		
		I I		1			Manager's Name		
Professional Registration		HPCSA		Nursing			Phone Number	(	)
For Current Year (please ma	rk with X)	Other		None					
Registration Number		1,7		51 (1			2. Company Name		
Are you paid up for year?	No	Yes		Please atta	ach rece	eipt	Position Held		
				.,			Period Employed		
Have you had prior	No.			Yes			Reason Left		
PathCare		tate Job Title					Manager's Name	,	`
Employment?	it yes, st	tate Location					Phone Number	(	)

SCHOOL	ING RECORD
Highest Grade Passed	
Year Obtained	
Name Of School /	
Institution	

TERTIARY Q	UALIFICATIONS	
Degree/Diploma	Institution	Year

CURRENT / LATEST EMPLOYMENT RECORD				
Company Name				
Position Held				
Period Employed		to		
Final Salary				
Reason For Leaving				
May we contact them?	Yes		No	
Manager Name				
Phone Number	1	)		

PREVIOUS EMPLOYMENT RECORD			
Company Name			
Position Held			
Period Employed	to		
Reason Left			
Manager's Name			
Phone Number	( )		
2. Company Name			
Position Held			
Period Employed	to		
Reason Left			
Manager's Name			
Phone Number	( )		
also statements sould requit in the to	raination of my contract I haraby		

contract. I hereby other related documents such as my CV, etc. I hereby authorise and give consent to the Company and/or its duly authorised verification agent to process the personal information provided herein in terms of the Protection of Personal Information Act ("POPIA") for the purposes of performing the necessary background and credit checks as well as confirming employment history. I authorise the Company to further process the personal information provided herein should it proceed to employ me. I understand and agree that the Company will automatically destroy information provided herein should your application not be successful within a period of 3 (three) months.

Date	Signature Of Applicant
Date	Signature of Applicant