

APPLICATION FOR EMPLOYMENT



WHAT IS THE PURPOSE OF THIS FORM

To assist a government department in selecting a person for an advertised post.

This form may be used to identify candidates to be interviewed. Since all applicants cannot be interviewed, you need to fill in this form completely, accurately and legibly. This will help to process your application fairly.

WHO SHOULD COMPLETE THIS FORM

Only persons wishing to apply for an advertised position in a government department.

ADDITIONAL INFORMATION

This form requires basic information. Candidates who are selected for interviews will be requested to furnish additional certified information that may be required to make a final selection.

SPECIAL NOTES

- 1. All information will be treated with the strictest confidentiality and will not be disclosed or used for any other purpose than to assess the suitability of a person, except in so far as it may be required and permitted by law. Your personal details must correspond with the details on your ID or passport.
- 2. Passport number in the case of non-South Africans.
- 3. This information is required to enable the Department to comply with the Employment Equity Act, 1998.
- 4. This information will only be taken into account if it clearly relates to the requirements of the position.
- 5. Applicants with substantial qualifications or work experience must attach a CV.

A. THE ADVERTISED POST	
Position for which you are applying (as advertised)	Department where the position was advertised
Reference number (as stated in the advert)	If you are offered a position, when can you start OR how much notice must you serve with your current employer?

B. PERSONAL INFORMATION (please ignore if you have attached a CV with ALL of the following information) ¹						
Surname						
First names						
Date of birth						
Identity number ²						
Race ³	African	White	Coloured	Indian		
Gender	Male	Female				
Do you have a disabilit	Yes	No				
Are you a South Afric	Yes	No				
If no, what is your nation						
And do you have a v	Yes	No				
Have you been conv offence or dismissed	Yes	No				
If your profession or occupation requires State or official registration, provide date and particulars of registration.						

C HOW DO WE CONTACT YOU							
Preferred language for correspondence?							
Telephone number during office hours							
Preferred method for correspondence	Post	E-mail		Fax			
Correspondence contact details (in terms of above)							

D. LANGUAGE	PROFICIE	NCY—state	• 'good',	, 'fair',	or 'poc	or'						
	Languages (specify)											
Speak												
Read												
Write												
E. QUALIFICAT	IONS⁵ (ple	ase ignore	if you ha	ave atta	ached	a CV v	vith the	ese de	tails)			
Name of Scho	ol/Technic	cal College		Highest qualification obtained						Year obtained		
Tertiary educati	on (comple	ete for each	qualific	ation yo	ou obta	nined)						
Name	of institution	on			Name	of qua	llificatio	n		Yea	ar obtained	
 												
Current study (in	stitution an	d qualification	on): -									
F. WORK EXPER	JENCE ⁵ (n	looso ianor	o if you	have a	ttoobo.	4 ° C/	/ with t	hasad	lotoile\			
		lease ignor	e ii you	iiave a					letalis)			
Employer (inc current empl		Po	ost held			om			Reason for leaving		or leaving	
					MM	YY	MM	YY				
If you were previous that prevents your re			Service, i	ndicate	whether	hether any condition exists				Yes No		
If yes, provide the na			oying depa	artment					l .			
	<u> </u>	<u> </u>										
G. REFERENC	ES (pleas	e ignore if	you hav	e attac	hed a (CV wit	h the o	details))			
N	ame		F	Relationship to you					Tel. No. (office hours)			
DECLARATION												
I declare that a to the best of	my know	ledge. I un	derstar	nd that	t any t	alse i	inform	ation				
application being disqualified or my discharge Signature:				Date:								
L												