



Application for Employment

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| <p>WHAT IS THE PURPOSE OF THIS FORM</p> <p>To assist a government department in selecting a person for an advertised post.</p> <p>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.</p> <p>WHO SHOULD COMPLETE THIS FORM</p> <p>Only persons wishing to apply for an advertised position in a government department.</p> <p>ADDITIONAL INFORMATION</p> <p>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.</p> <p>SPECIAL NOTES</p> <p>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 in your ID or passport.</p> <p>2 – Passport number in the case of non-South Africans.</p> <p>3 – This information is required to enable the department to comply with the Employment Equity Act, 1998.</p> <p>4 – This information will only be taken into account if it directly relates to the requirements of the position.</p> <p>5 – Applicants with substantial qualifications or work experience must attach a CV.</p> | <p>A. THE ADVERTISED POST</p> | | | |
| | <p>Position for which you are applying (as advertised)</p> | | <p>Department where the position was advertised</p> | |
| <p>Reference number (as stated in the advert)</p> | | <p>If you are offered the position, when can you start OR how much notice must you serve with your current employer?</p> | | |
| <p>B. PERSONAL INFORMATION</p> | | | | |
| Surname | | | | |
| First Names | | | | |
| Date of Birth | | | | |
| ID number ² | | | | |
| Race ³ | <i>African</i> | <i>White</i> | <i>Coloured</i> | |
| | | | <i>Indian</i> | |
| Gender ³ | | <i>FEMALE</i> | <i>MALE</i> | |
| Do you have a disability? ³ | | | | |
| Are you a South African Citizen? | | | | |
| If no, what is your Nationality | | | | |
| And do you have a valid work Permit? | | | | |
| Have you ever been convicted of a criminal offence or been dismissed from employment? ⁴ | | | | |
| If your profession or occupation requires State or official registration, provide date and particulars of registration. | | | | |
| <p>C. HOW DE WE CONTACT YOU</p> | | | | |
| 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 PROFICIENCY – state 'good', 'fair' or 'poor' | | | | | | |
|--|-----------------------|--|--|--|--|--|
| | Languages (specified) | | | | | |
| Speak | | | | | | |
| Read | | | | | | |
| Write | | | | | | |

| E. QUALIFICATIONS ⁵ (please ignore if you have attached a CV with these details) | | |
|---|--------------------------------|---------------|
| Name of School / Technical College | Highest qualification obtained | Year Obtained |
| <i>Tertiary education (complete for each qualification you obtained)</i> | | |
| Name of Institution | Name of Qualification | Year Obtained |
| | | |
| | | |
| | | |
| Current Study: | | |

| F. WORK EXPERIENCE ⁵ (please ignore if you have attached a CV with these details) | | | | | | | |
|---|-----------|------|----|----|----|--------------------|----|
| Employer (including current employer) | Post held | From | | To | | Reason for Leaving | |
| | | MM | YY | MM | YY | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| If you were previously employed in the Public Service, indicate whether any condition exists that prevents your re-employment | | | | | | YES | NO |
| If yes, provide the name of the previous employing department | | | | | | | |

| G. REFERENCES (please ignore if you have attached a CV with these details) | | |
|--|---------------------|-------------------------|
| Name | Relationship to you | Tel. No. (office hours) |
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| | | |

| DECLARATION | |
|---|--|
| <i>I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.</i> | |
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