

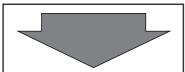


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G.P.-S.

REPUBLIC OF SOUTH AFRICA

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 in 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 directly 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 the position, when can you start OR how much notice must you serve with your current employer? | | | | | | | | | |
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| | | | | | | | | | | |

| 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 number2 | | | | | | | | | |
| Race ³ | African | White | Coloured | Indian | | | | | |
| Gender ³ | Female | Male | | | | | | | |
| Do you have a disabil | Yes | No | | | | | | | |
| Are you a South Africa | Yes | No | | | | | | | |
| If no, what is your nat | | | | | | | | | |
| And do you have a va | Yes | No | | | | | | | |
| Have you been con offence or been disn ment? ⁴ | Yes | No | | | | | | | |
| If your profession or State or official regis and particulars of regi | | | | | | | | | |

| C. HOW DO WE CONTACT YOU | | | | | | | | |
|--|------|---|--------|-----|--|--|--|--|
| Preferred language fo | ce? | | | | | | | |
| Telephone number du | () | | | | | | | |
| Preferred method for correspondence | Post | L | E-mail | Fax | | | | |
| Correspondence contact details (in terms of above) | | | | | | | | |

| D. LANGUA | GE PROFIC | IENCY—sta | ate 'go | od', 'f | | • | | | | | | | | |
|---|---------------------------------|-------------------------|----------|------------------------------|-----------|-----------------------------|------|------------|---------|-------|-------------------------|---------------|------------|--|
| | Languages (specify) | | | | | | | | | | | | | |
| 0 1 | | | | | | | | | | | | + | | |
| Speak Read | | | | | | | | | | | | + | | |
| Write | | | | | | | | | | | | + | | |
| vviite | | | | | | | | | | | | | | |
| | | | | | | | - | | | | | | | |
| E. QUALIFIC | | - | e if you | | | | | | | detai | ils) | | | |
| Name of School/Technical College H | | | lighest | ghest qualification obtained | | | | | | Ye | ar obtained | | | |
| Tertiary educa | ation (comple | te for each | qualifi | catior | n you o | btaiı | ned |) | | | · | | | |
| Nam | ne of institutior | า | | | Nam | ne of | qua | alificatio | n | | | Year obtained | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Current study (| (institution and | I qualification | า): | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| F. WORK EX | (PERIENCE | ⁵ (please ig | nore if | you h | have at | tach | ed a | a CV w | ith the | ese d | etails |) | | |
| Employer (| including | | | | Fr | om | | Т | ō | | | | | |
| current en | | Post | held | ŀ | MM | Y | Y | MM | YY | | Reason for leavin | | or leaving | |
| | | | | | | | | | | | | | | |
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| If you were previously employed in the Public Service, tion exists that prevents your re-appointment. | | | | | e, indica | indicate whether any condi- | | | | | Yes No | | No | |
| If yes, provide | the name of th | ne previous e | employ | ing de | epartme | nt | | | | | | | | |
| | | | | | | | | | | | | | | |
| G. REFEREI | NCES (please | e ignore if y | ou hav | e atta | ached a | a CV | wit | h these | e deta | ils) | | | | |
| | Name | | | F | Relation | elationship to you | | | | | Tel. No. (office hours) | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| DECLARA | TION | | | | | | | | | | | | | |
| I declare that to the best of application by | at all the info of my knowle | edge. I und | lerstar | nd th | at any | fals | e ii | nforma | ation : | | | | | |
| Signature: | | | | | Dat | Date: | | | | | | | | |