**pZ 83** (81/971431)



G. P.- S. 81/ 97143

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| **WHAT IS THE PURPOSE OF**  **THIS FORM**  To assist a government depart­ment in selecting a person for an advertised post. |  | 1. **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? | | | | | |
| This form may be used to identify candidates to be inter-viewed. 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. |  |  | | | | | | | |
| 1. **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 |  | | | | | | |
| Race3 | ***African*** | | ***White*** | | ***Coloured*** | | ***Indian*** |
| Gender3 |  | |  | |  | |  |
| Do you have a disability3 | | | | |  | |  |
| Are you a South African citizen? | | | | |  | |  |
| If no, what is your nationality? | | | | |  | | |
| And do you have a valid permit? | | | | |  | |  |
| Have you 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 | | | | |  | | |
| 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. |  |  | | | | | | | |
| 1. **HOW DO WE CONTACT YOU** | | | | | | | |
| Preferred language for correspondence | | | | |  | | |
| Telephone number during office hours | | | | |  | | |
| 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. | Preferred method for correspondence | ***Post*** | | | ***E-mail*** | | ***Fax*** | |
| Correspondence contact details (in terms of above) |  | | | | | | |

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| 1. **LANGUAGE PROFICIENCY -state "good", "fair", or "poor"** | | | | | | |
|  | Languages (specify) | | | | | |
|  |  |  |  |  |  |
| Speak |  |  |  |  |  |  |
| Read |  |  |  |  |  |  |
| Write |  |  |  |  |  |  |

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| 1. **QUALIFICATIONS**4 **(please ignore if you have attached a CV with these details)** | | |
| Name of School/Technical College | Highest qualification obtained | Year obtained |
|  |  |  |
| ***Tertiary education (complete for each qualification you obtained)*** | | |
| Name of institution | Name of qualification | Year obtained |
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| 1. **WORK EXPERIENCE5 (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 |
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| If you were previously employed in the Public Service, indicate whether any condition exists that prevents your re-appointment. | | | | | | **Yes** | **No** |
| If yes, provide the name of the previous employing department | | | |  | | | |

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| 1. **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 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.* | |
| **Signature:** |  |