

Effective 01 January 2021

## APPLICATION FOR EMPLOYMENT

# ANNEXURE A



### 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. You need to fill in all sections of 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- The Executive Authority shall consider the criminal record (s) against the nature of the job functions in line with internal information security and disciplinary code.

6- The applicant may submit additional information separately where the space provided is not sufficient.

7- Departments must accept certified documents that accompany the

A. THE ADVERTISED POST (All sections o	f this form are compulsory)
Position for which you are applying (as advertised)	Department where the position was advertised
Chief Invigilator	WESTERNCAPE EDUCATION
Chief Examination Officer	
Senior Invigilator	
Invigilator	
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?
NSC/SC 2023 / 2024 □	

### B. PERSONAL INFORMATION<sup>1</sup>

ourname a	nd Full names						_					
Date of Birth	DD/MM/YY	Identity Number Passport <sup>2</sup> number										
Race <sup>3</sup>	African	White	Coloured				Indian		Other		-	
Gender <sup>3</sup>					F	Female Male			е			
Do you have a disability?						Yes			No			
Are you a S	South African citize	en?					Yes			No		
lf no, what	is your nationality	?										
Do you have a valid work permit? (only if non-South African)						Yes		No	No			
Have you been convicted or found guilty of a criminal offence (including an admission of guilt)? <sup>5</sup> If yes (provide the details)						Yes No			)			
Do you have any pending criminal case against you? If yes, (provide the details) <sup>5</sup>					Yes No		)					
Have you ever been dismissed for misconduct from the Public Service? <sup>4</sup>					Yes	5		No	)	_		
If yes (prov	vide the details)6											
Do you have any pending disciplinary case against you? If yes, (provide the details)					Yes	5		No	)			
Have you resigned from a recent job pending any disciplinary proceeding against you? <sup>4</sup> If yes, ( <i>please note that the provisions of the Public Service</i>				Yes	5		No	)				
Act shall apply). Have you been discharged or retired from the Public Service on grounds of III-health or on condition that your cannot be re- employed? <sup>4</sup>					Yes	5		No	)			
of a Public	nducting business or Private compa es, (provide the de	any conducting					Yes	5		No	)	

application(s) with certification that is up to 6 months, unless the advert prescribes a longer period.	In the event that you are employed in the Public Service, will you immediately relinquish such business interests?	Yes	No
	Please specify the total number of years of experience you have	Private Sector	Public Sector
	If your profession or occupation requires official registration, provide date and particulars of registration	Date	Reg. No

8- Each application for employment form must be duly signed and initialed by the applicant. Failure to sign this form may lead to disqualification of the application during the selection process.

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D. SOUTH AFRICAN OFFICIAL LANGUAGE PROFICIENCY – state 'good', 'fair', or 'poor'					
	Languages (specify)				
Speak					
Write or read					

Contact details (in terms of the above)

Name of School/Technical College	Name of qualification obtained	Year obtained

F. WORK EXPERIENCE (Also attach a detailed CV) <sup>6</sup>									
Employer (including current employer)	Post held	From			То	Reason for leaving			
		MM	YY	MM	YY				
If you were previously employed in the Public Service, is there any condition that appointment					ts your re-	Yes	No		
If yes, Provide the name of the previous employing department and indicate the nature of the condition.									
G. REFERENCES									
Name	Relationship to you			Tel.	. No. (office	hours)			
	NOT		ABLE	NOT PPLICABLE					

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 provided will result in my application being disgualified or disciplinary action taken against me if I am appointed:					
Signature:	Date:				