Application for Employment



WHAT IS THE PURPOSE OF THIS FORM

To assist the College of Cape Town 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 the College.

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.
- $\ensuremath{\mathbf{2}}$ Passport number in the case of non-South Africans.
- 3 This information is required to enable the College 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 (as advertised)	you are applying		Department where the position was Advertised							
Reference number advert)	(as stated in the	you :	If you are offered the position, when can you start OR how much notice must you serve with your current employer							
B. PERSONAL INFORMATION										
Surname										
First Names										
Date of Birth										
ID number ²										
Race ³	African	Whi	ite	Co	oloured	Inc	dian			
Gender ³	Gender ³						ALE			
Do you have a o		YES	-	NO						
If (Yes) - Please										
Are you a South		YES		NO						
no, what is your Nationality										
And do you hav	e a valid work		YES		NO					
Have you ever I criminal offenc employment? ⁴		YES	,	NO						
If your profession or occupation requires State or official registration, provide date and particulars of registration.										
Do you have a valid Driver's license (Y/N)Code										
C. HOW DO WE CONTACT YOU										
Preferred language for correspondence?										
Telephone number during office hours ()										
Preferred meth correspondence		Pos	st	E-mail		Fax				
Correspondence (in terms of abo	e contact deta	ails								

D. LANGUAG	E PROFICIEN	CY - s	tate 'good'	', 'fair'	or 'į	oor'						
		Languages (specified)										
C 1												
Speak Read		<u> </u>										
Write												
Wite		ı										
E. QUALIFICA	ATIONS ⁵ (ple	ease i	gnore if yo	u have	atta	ched	a CV v	with t	hese d	etails		
Name of School / Highest qualification obtained											Year	
FET College										Obtained		
	Tautianaad		(-4 - 6			1:6:4	•		-:/\		
Name of Institu	Tertiary ed					qua	iijicat	ion yc	u opti	ainea)		Year
Name of mistro	Name of Institution Name of Qualification										0	htained
Current study	(institution a	nd qua	alification)									
F. WORK EXP	PERIENCE ⁵ (pleas	e ignore if	you ha	ve a	tach	ed a C	V with	these	e detail	s)	
Employer (incl	ncluding Post held			ld	From To				Reason for Leaving			
current employer)					MM YY		MM YY					
If you were previously employed in the Public Service, indicate whether any condition exists that prevents your re-employment. If								NO				
yes, provide th							t .					
yes, provide a	ic name or cr	ic pic	vious ciripe	oying a	Сри	LITICIT						
G. REFERENC	ES (please ig	nore	if vou hav	e attac	hed	a CV	with t	hese o	letails)		
	- 1		-								ourc)	
Name Relationship to			пр со у	you			Tel. No. (office hours)					
DECLARATION	1											
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I declare that the best of my												
application be								πι συρ	olleu C	טענע נפ	uu il) IIIy
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Signature:					Date	e:						

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