

# **APPLICATIONS FOR EMPLOYMENT (EDUCATORS)**

1. INSTRUCTIONS P04/2012

- (i) A separate application form must be submitted in respect of every post applied for.
- (ii) Every APPLICATION must be accompanied by:
  - Originally certified copies of educational qualifications, identity document and drivers license (if applicable)
  - A detailed CV
- (iii) All Applications must be submitted as indicated in the advertisement in accordance with the instructions appearing in the vacancy list

#### **SPECIAL NOTES**

Passport number in the case of non-South African citizens<sup>1</sup>

This information is required to enable the department to comply with the Employment Equity Act, 19982

#### 2. POST APPLIED FOR

Designation (as stated in the advert)	District / Directorate where the post is advertised / School
Post number (as stated in the advert)	If you are offered the position, when can you assume duty?

#### 3. PERSONAL PARTICULARS (please ignore if you have attached a CV with ALL of the following information)

SURNAME									
NAMES									
PERSAL NUMBER (IF	APPLICABLE)								
IDENTITY NUMBER <sup>1</sup>									
RACE <sup>2</sup>		AFRICAN	WHI	ΓΕ	С	OLOU			DIAN
GENDER <sup>2</sup>					MALE			FEMALE	
DO YOU HAVE A DIS					YES			NO	
IF NO, INDICATE NO					YES	NO	IF, YES SPECIFY		
ARE YOU A SOUTH A						YES	1	N	0
IF NOT, WHAT IS YOU									
IF YES, INDICATE NO									
DO YOU HAVE A VALID	) WORK PERM	AIT?			YES	NO	IF, YES PERMIT NR)		
HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENCE OR BEEN FOUND GUILTY OF MISCONDUCT IN YOUR PRESENT OF PREVIOUS JOB / DISMISSED FROM EMPLOYMENT? (IF YES, ATTACH DETAILS ON A SEPARATE SHEET)			OUR ROM	YES		NO			
IF YOU HAVE BEEN EMPLOYED IN THE PUBLIC SERVICE (PS) PREVIOUSLY, HOW WAS YOUR SERVICE TERMINATED? (If currently still permanently employed in PS, please ignore this question)			/ICE	VSP	RESIG NED	ILL- HEALT H	OTHER (SPECIFY)		
PROFESSIONAL REGISTRATION (PLEASE STATE BODY AND NUMBER)									
4. HOW DO WE CON	TACT YOU								
TELEPHONE NUMBERS DURING OFFICE HOURS (			)						
TELEPHONE NUMBERS AFTER HOURS (			(	)					
E-MAIL ADDRESS FAX			NUME	BER					
RESIDENTIAL ADDRESS: POS		POS	TAL A	DDRES	SS:				

5.	LANGUAGE PROF	ICIENCY - STATE	GOOD', 'FA	IR', or 'POOR'		
				Languages (s	pecify)	
	Speak					
	Read					

# 6. QUALIFICATIONS (ATTACH SEPARATE SHEET IF NECESSARY) (please ignore if you have attached a CV with these details)

School / University / College	Qualification (s)	Subjects	Date Obtained		
Attach originally certified copies of all qualifications and subject statements					

# 7. PROFESSIONAL QUALIFICATIONS (i.e. HED)

Write

Institution	Qualification (s)	Subjects (Specify major subjects)	Date Obtained		
Attach certified copies of all qualifications and subject statements					

### 8. EXPERIENCE (please ignore if you have attached a CV with these details)

	Department /					ACT DATES	TO	TOTAL	
	Employer	Institution	Subjects / GR.s	From	То	Years	Months		
9									
TEACHING									
TEA									

### 9. BURSARIES AND LOANS

Has a loan and or bursary been granted to you by the Free State Department of Education If yes (give full particulars)	YES	NO
DECLARATION:		

SIGNATURE: DATE:							
(including any attachments) is complete and correct to the best of my knowledge. I understand that any false information could lead to my <b>APPLICATION</b> being disqualified or my discharge if I am appointed.							
declare that the information provided							