

EMPLOYMENT APPLICATION FORM

WHAT IS THE PURPOSE OF THIS FORM	A. THE ADVERTISED POST							
To assist SACE in selecting a person for an advertised post.					Newspaper where the position was advertised			
This form may be used to identify candidates to be interviewed.								
Since all applicants cannot be inter- viewed, you need to fill in this form completely, accurately and legibly. This will help to process your application fairly.	advert) ca			If you are offered the position, when can you start OR how much notice must you serve with your current employer?				
WHO SHOULD COMPLETE THIS FORM	B. PERSONAL INFORMATION							
Only persons wishing to apply for an advertised position at SACE.	Surname							
ADDITIONAL INFORMATION	First Names							
This form requires basic information.	Date of Birth							
Candidates who are selected for in-terviews will be requested to furnish additional	ID number							
certified information that may be required to make a final selection.	Race	African	Wh	ite	Coloured	Indian		
	Gender				FEMALE	MALE		
SPECIAL NOTES	Do you have a disability?				YES	NO .		
All information will be treated with the strictest confidentiality and will not be disclosed or used for any other purpose than to assess the suit-ability 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.	Are you a South African Citizen?				YES	NO NO		
	If no, what is your Nationality					_1		
	And do you have a valid work Permit?				YES	NO		
	Have you ever been convicted of a criminal offence				YES	NO		
Passport number in the case of non- South Africans.	Have you ever be	en dismissed from em	nt?	YES	NO			
This information is required to enable SACE to comply with the Employment Equity Act, 1998.	If YES elaborate:							
4. This information will only be taken								
into account if it directly relates to the requirements of the position.	Do you have a driver's license?				YES	NO		
Applicants with substantial qualifications or work experience must attach a CV.	Are you computer literate?				YES	NO		
	Are you disabled? If YES elaborate:				YES	NO		
Correspondence contact details (in terms of above)	IT YES elaborate:							
reling of anove)								
	C. HOW DO WE CONTACT YOU							
	Preferred language for correspondence?							
	Telephone number during office hours							
	Physical Address	1						

Email address

D. LANGUAGE PROFICIENCY – state 'g	ood', 'fair'	or 'poor'							
	Languages (specified)								
Speak									
Read									
Write									
E. QUALIFICATIONS (Atleast the 3 highe	st) Attach d	etailed CV							
Name of School / Technical College		Highest qualification obtained				Year Obtained			
Tertiary e	ducation (c	omplete for each	qualification	you obta	nined)				
Name of Institution		Nome	f Qualification			Voor	Obtained		
Name of Institution		Name o	u Qualificatio)[]		Year Obtained			
Current study (institution and qualificat	ion)								
F WORK EXPEDIENCE (-wk-d-w-ll-d-o	N. (1								
F. WORK EXPERIENCE (attach detailed C				014	ТС				
From - to Employer (including curren employer)	t	Post held	FK	FROM		J	Reason for Leaving		
			MM	YY	MM	YY			
G. REFERENCES									
Name	Relationship to you				Tel. No. (office hours)				
	11010101								
DECLARATION									
I declare that all the information provide understand that any false information supp									
SIGNATURE:			DATE:	DATE:					