

# APPLICATION FOR A POSITION

## STRICTLY CONFIDENTIAL

1. This form must be fully, accurately and legibly completed by the applicant.
2. If the space allowed for any item is inadequate, an annexure may be attached.
3. Certified (not older than six months) copies of identity document, qualifications and supporting documents to be attached.
4. Attach an updated Curriculum Vitae (CV) with detailed roles and responsibilities and a minimum of three (3) contactable references, including current employer.
5. The SANC at its sole discretion may request any omitted or additional information and or documents from any candidate.

### SECTION 1:

#### THE ADVERTISED POST:

Reference No: \_\_\_\_\_

Position applied for (as advertised): \_\_\_\_\_

Did you apply for any other post in this advertisement?

Yes ☐

No ☐

If yes, specify the post reference numbers: \_\_\_\_\_

### SECTION 2:

#### MEETING POST REQUIREMENTS:

Do you meet the requirements of the post as advertised?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Minimum academic qualification(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Minimum relevant experience	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Professional registration (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Knowledge, skills and competencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Driver's licence (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### SECTION 3:

#### PERSONAL DETAILS:

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Residential/Postal address: \_\_\_\_\_

Postal Code:

Contact No.(s): \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Identity number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Gender: Male ☐ Female ☐ Do you have a valid work permit (if applicable): Yes ☐ No ☐

Race: African ☐ White ☐ Coloured ☐ Indian ☐

Driver's licence code: \_\_\_\_\_ SARS Tax number: \_\_\_\_\_

Own transport: Yes ☐ No ☐

Do you have a disability? Yes ☐ No ☐

If yes, state what kind of disability: \_\_\_\_\_

Marital Status: Unmarried ☐ Married ☐ Widowed ☐ Divorced ☐

Professional body (active membership only): \_\_\_\_\_

Category: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Have you been convicted of a criminal offence?

Yes

No

Have you ever been dismissed from employment?

Yes

No

If yes, state the details: \_\_\_\_\_

Are there any disciplinary actions against you (pending/convicted)?

Yes

No

If yes, state the details: \_\_\_\_\_

## SECTION 4:

### EDUCATION DETAILS:

#### 4.1: FULL DETAILS OF SCHOOL LEAVING QUALIFICATION:

Name of School:	Highest qualification obtained:	Year obtained:
1.		

#### 4.2: DETAILS OF POST-MATRIC QUALIFICATIONS: *(attach certified certificate/s)*

Name of Institution:	Name of qualification:	Area of Specialisation:	Year obtained:
1.			
2.			
3.			
4.			
5.			
6.			

#### 4.3: CURRENT STUDIES (INSTITUTION AND QUALIFICATION):

Name of Institution:	Name of qualification:	Area of Specialisation:	Year to complete
1.			
2.			

#### 4.4: OTHER RELATED COURSES/TRAINING *(attach certified certificate/s)*

Name of Institution:	Name of course/training:	Area of Specialisation:	Year obtained:
1.			
2.			
3.			
4.			

## SECTION 5:

### LANGUAGES PROFICIENCY

Languages:	Speak (Y/N):	Read (Y/N):	Write (Y/N):

**SECTION 6:** CAREER PARTICULARS (Start with the current position occupied)

Present monthly Remuneration:

R

Pension Coverage Yes/No:

Medical Aid:

R

Bonus:

Leave: (Work)/Calendar days per annum

State approximate remuneration (total cost per month) required:

R

per month

Date of availability:

1. Employer's Name	Employer Physical Address	Post held	From MM	YYYY	To MM	YYYY	HR Contact Person	HR Contact Person details (Tel. and Email)
Employer's Contact Number:		Reasons for leaving:						

2. Employer's Name	Employer Physical Address	Post held	From MM	YYYY	To MM	YYYY	HR Contact Person	HR Contact Person details (Tel. and Email)
Employer's Contact Number:		Reasons for leaving:						

3. Employer's Name	Employer Physical Address	Post held	From MM	YYYY	To MM	YYYY	HR Contact Person	HR Contact Person details (Tel. and Email)
Employer's Contact Number:		Reasons for leaving:						

4.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		
Employer's Contact Number:		Reasons for leaving:							

5.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		
Employer's Contact Number:		Reasons for leaving:							

6.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		
Employer's Contact Number:		Reasons for leaving:							

7.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		
Employer's Contact Number:		Reasons for leaving:							

8.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		
Employer's Contact Number:		Reasons for leaving:							
9.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		
Employer's Contact Number:		Reasons for leaving:							
10.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		
Employer's Contact Number:		Reasons for leaving:							

SECTION 7:

NEXT OF KIN (PREFERABLY NOT LIVING AT THE SAME ADDRESS AS THE APPLICANT)

Name and Surname:

Relationship:

Address:

Telephone Number:

**SECTION 8:****REFERENCES** (Start with the current employer, state only the direct or indirect supervisor).**01**

Name and Surname: \_\_\_\_\_ Company/ Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**02**

Name and Surname: \_\_\_\_\_ Company/ Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 9:****COMPANY DECLARATION****9.1: COMPANIES OWNED BY YOU/IMMEDIATE FAMILY MEMBERS:**

Company Name	Designation	Services	Date of Registration	Remuneration
1.				
2.				
3.				

**9.2: REMUNERATION OUTSIDE WORK** (e.g. AS A BOARD MEMBER OR INDEPENDENT MEMBER, IF A COMMITTEE)

Company Name	Designation	Services	Remuneration	Telephone No.
1.				
2.				
3.				

**SECTION 10:****ADDITIONAL INFORMATION**

Have you previously been employed by the SANC?

Yes		No	
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If so, state period(s):

From:

To:

Are any of your previous colleague(s) currently employed by the SANC?

Yes		No	
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Are any of your friends currently employed by the SANC?

Yes		No	
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Are any of your relatives currently employed by the SANC?

Yes		No	
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Are you related to any Council Member?

Yes		No	
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If so, state their names and relationship: \_\_\_\_\_

**SECTION 11:****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: \_\_\_\_\_

Date: \_\_\_\_\_