



TEL: (041) 5087055 / FAX: (086) 521 5416  
PO BOX 318, PORT ELIZABETH, 6000

## APPLICATION FOR EMPLOYMENT

**NOTE:**

1. All particulars in this application are treated as confidential.
2. Canvassing for appointment will disqualify an applicant.
3. Changing of conditions on this form will disqualify your application.
4. A successful candidate who wilfully makes a false statement renders him/herself liable to dismissal.

### A. GENERAL PARTICULARS OF CANDIDATE

TITLE (Prof; Dr; Ms) INITIALS AND SURNAME: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

HOW DID YOU BECOME AWARE OF THE POSITION (e.g. general enquiry, District Municipality employee, etc): \_\_\_\_\_

IF ADVERTISEMENT, NAME PUBLICATION: \_\_\_\_\_

SALARY REQUESTED: \_\_\_\_\_

WHEN CAN YOU ASSUME DUTY? \_\_\_\_\_

<b>B. PERSONAL DETAILS (Print)</b>											
Surname:						Maiden Name:					
First Names:											
Date of birth:					1	9		Sex	Male	Female	Marital Status:
Number of dependent children:						Their ages (years):					
Nationality:						Identity No:					
Telephone no. Home:						Work:					
Contact Telephone no. where message can be left:											
Home address:											
Postal address and code:											
Spouse's Initials:						His/Her occupation:					
Name & address of his or her employer:											
						Tel No. Work:					
Why are you applying for this position:											
If you are selected for an interview, are you prepared to undergo a selection test: (Mark x)										Y	N
State any physical and / or mental defect or disease and / chronic disease:											
Special Interests (including sport and hobbies):											
Have you ever been convicted of a serious criminal offence or been dismissed from employment or ever declared insolvent? If so, furnish particulars on a separate sheet.										Y	N
Do you have a driver's license?		Y	N	If you are in position of a vehicle, are you prepared to							
State no./s		Code/s		Use it for official purposes at remuneration?						Y	N
<b>C. (1) QUALIFICATIONS (Please attach certified copies of all qualifications, No original documents please.)</b>											
<b>SCHOOL</b>				<b>UNIVERSITY / COLLEGE</b>				<b>OTHER</b>			
Name of Institution											
Qualification and date obtained											
Subjects passed											
Subjects not yet completed											



**H. DETAILS OF PREVIOUS APPLICATIONS TO THE CACADU DEVELOPMENT AGENCY**

Post applied for and year:

Did you undergo a selection of test at the time: Y | N

**I. PERSONAL REFERENCES** (Name three present or former colleagues/heads/lecturers – but not relatives)

Name Address and telephone	Address and telephone number	Relationship (e.g. colleague)
1.		
2.		
3.		

**J. SUMMARY OR CAREER**

**NOTE:** Give a summary of your career and also state any particular abilities; experience; courses you have followed; societies to which you belong; special achievements in any field and any relevant duties and responsibilities, which you consider applicable. Continue on a separate page is necessary.

Blank space for writing the summary or career details.

**K. DECLARATION BY APPLICANT**

I DECLARE THAT –

- I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE MYSELF TO BE TRULY AND LAWFULLY INDEBTED TO THE CACADU DEVELOPMENT AGENCY THE TOTAL SUM OF THE COSTS INCURRED BY THE SAID AGENCY TO ADVERTISED THE VACANCY CONCERNED OR A PRO-RATA SHARE THEREOF, AND ANY COSTS INCURRED TO ENABLE ME TO ATTEND AN INTERVIEW WITH OFFICIALS OF THE AGENCY, SHOULD I FAIL TO COMMENCE DUTIES AFTER HAVING BEEN ADVISED OF, AND ACCEPTED MY APPOINTMENT IN WRITING.
- I CONFIRM THAT THE INFORMATION HEREIN SUPPLIED BY MYSELF IS CORRECT , AND UNDERSTAND THAT I CAN BE HELD LEGALLY LIABLE FOR THE CONSEQUENCES OF ANY INTERNATIONAL MISREPRESENTATION

\_\_\_\_\_  
**SIGNATURE** SIGNATURE OF GUARDIAN IF UNDER THE AGE OF 21 YEARS DATE

**FOR OFFICIAL USE ONLY**

Appointed with effect from:	Designation:
Remuneration:	Date: