

Effective 01 January 2021

APPLICATION FOR EMPLOYMENT

ANNEXURE A

												-
	A. THE AD	VERTISED POST	(All sections o	f this f	form	n are	comp	ulsor	у)			
	Position for which you are applying (as Department where advertised)					here tl	e the position was advertised					
WHAT IS THE PURPOSE OF THIS FORM	Chief Examination Officer				N CA	CAPE EDUCATION						
To assist a government department in selecting a person for an advertised post.	Senior Invigilator											
This form may be used to identify candidates	Invigilator 🛛											
to be interviewed. You need to fill in all sections of this form completely, accurately	start OR how muc				much i	the position, when can you ch notice must you serve with						
and legibly. This will help to process your application fairly.	NSC / SC 202506				mploy	er?						
WHO SHOULD COMPLETE THIS FORM	NSC 202511 🗆											
Only persons wishing to apply for an advertised position in a government	B. PERS	ONAL INFORMAT	ION ¹								·	
department.	Surname a	nd Full names										
ADDITIONAL INFORMATION	Date of Birth		ldentity Number									
This form requires basic information.		DD/MM/YY	Passport ² number									
Candidates who are selected for interviews will be requested to furnish additional certified	Race ³	African	White	Colo	oure	d		India	an		Other	
information that may be required to make a final selection.	Gender ³							Female M		Male		
SPECIAL NOTES	Do you have a disability?						Yes			No		
	Are you a South African citizen?						Yes		No			
1 – All information will be treated with the	If no, what is your nationality?											
strictest confidentiality and will not be	Do you have a valid work permit? (only if non-South African) Yes No											
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	Have you been convicted or found guilty of a criminal offence (including an admission of guilt)? ⁵ Yes No If yes (provide the details) If yes (provide the details) Yes No											
law. Your personal details must correspond with the details in your ID or passport.												
2 - Passport number in the case of non-	Do you have any pending criminal case against you? If yes, (provide the details) ⁵						Yes	\$	No			
South Africans. 3 – This information is required to enable the	Have you ever been dismissed for misconduct from the Public Service? ⁴						c	Yes No				
department to comply with the Employment Equity Act, 1998.	If yes (provide the details) ⁶											
4 – This information will only be taken into If yes, (provide the details)						Yes	\$		No			
account if it directly relates to the requirements of the position.							Yes No					
5- The Executive Authority shall consider the	Have you resigned from a recent job pending any disciplinary proceeding against you? ⁴											
criminal record (s) against the nature of the job functions in line with internal information	If yes, (please note that the provisions of the Public Service Act shall apply).											
security and disciplinary code. 6- The applicant may submit additional	Have you been discharged or retired from the Public Service Yes No on grounds of III-health or on condition that your cannot be re- employed? ⁴											
information separately where the space provided is not sufficient.												
7- Departments must accept certified documents that accompany the	Are you conducting business with the State or are you a Director of a Public or Private company conducting business with the State? ⁶ If yes, (provide the details) ⁶											

application(s) with certification that is up to 6 months, unless the advert prescribes a longer period.	In the event that you are employed in the Public Service, will you immediately relinquish such business interests?	Yes	No
	Please specify the total number of years of experience you have	Private Sector	Public Sector
	If your profession or occupation requires official registration, provide date and particulars of registration	Date	Reg. No

8- Each application for employment form must be duly signed and initialed by the applicant. Failure to sign this form may lead to disqualification of the application during the selection process.

D. SOUTH AFRICAN OFFICIAL LANGUAGE PROFICIENCY – state 'good', 'fair', or 'poor'					
	Languages (specify)				
Speak					
Write or read					

Contact details (in terms of the above)

Name of School/Technical College	Name of qualification obtained	Year obtained

F. WORK EXPERIENCE (Also attach a detailed CV) ⁶						
Post held	Fro	om		То	Reason f	or leaving
	MM	YY	MM	YY		
If you were previously employed in the Public Service, is there any condition that prevents your re- appointment					Yes	No
If yes, Provide the name of the previous employing department and indicate the nature of the condition.						
G. REFERENCES						
Relationship to you Tel. No. (off			No. (office	hours)		
NOT PPLICABLE						
	Post held Public Service, is there a employing department Relationship to you	Post held From MM	Post held From MM YY Public Service, is there any condition that employing department and indicate the Relationship to you	From MM YY MM YY <td>From To MM YY MM YY MM YY MM YY Public Service, is there any condition that prevents your re- Image: Construction of the prevents your re- Semploying department and indicate the Image: Construction of the prevents your re- Relationship to you Tel. No. (office</td> <td>Post held From To Reason f MM YY MM YY MM YY MM YY Image: Second structure Image: Second structure Yes Public Service, is there any condition that prevents your re- Yes Second structure Yes Relationship to you Tel. No. (office hours)</td>	From To MM YY MM YY MM YY MM YY Public Service, is there any condition that prevents your re- Image: Construction of the prevents your re- Semploying department and indicate the Image: Construction of the prevents your re- Relationship to you Tel. No. (office	Post held From To Reason f MM YY MM YY MM YY MM YY Image: Second structure Image: Second structure Yes Public Service, is there any condition that prevents your re- Yes Second structure Yes Relationship to you Tel. No. (office hours)

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 provided will result in my application being disqualified or disciplinary action taken against me if I am appointed:					
Signature:	Date:				