



Human Resource Department  
37 Long Street  
Private Bag X5031  
**KIMBERLEY**  
**8301**

Telephone: 053-8392063

**APPLICATION FOR EMPLOYMENT- EXTERNAL**

**NOTE**

1. This application must be filled out completely, **TYPED** or **PRINTED** in **INK** and **SIGNED** in order to be **CONSIDERED**.
2. Certified copies of qualifications, training certificates, Identity documents and licenses must accompany this application.
3. You must also provide your resumé (CV).
4. All documents submitted as part of your application package become the property of the College and will not be returned.
5. Unless you have been instructed otherwise, please return this application to the College HR Manager at the address printed above on or before the closing date.

**DETAILS OF APPLICANT**

**SURNAME:** .....  
(Mr/Mrs/Miss/Doctor)

**NAME:** .....

**POSITION APPLIED FOR:** .....

**REFERENCE NUMBER:** .....

**SELECT ONE:**  Permanent  Contract

**A. PERSONAL DETAILS**

<b>1. Surname:</b>					<b>2. Maiden Name:</b>				
<b>3. First Names:</b>									
<b>4. Date of Birth:</b>			<b>5. Identity or Passport Number(If passport, specify country of origin)</b>						
<b>6. Nationality:</b>									
<b>7. Are you eligible for lawful employment in the RSA?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Proof of Identity, citizenship and legal work permit to work in the RSA will be required prior to hiring).									
<b>8. Gender</b>		Male	Female	<b>9. Marital Status</b>		Married	Single	Divorced	Widowed
<b>10. Marriage type (Please tick one):</b>									
<b>10.1 In community of property</b>									
<b>10.2 Out of community of property(Ante nuptial contract)</b>									
<b>11. Spouse/partner</b> (Full name and surname)									
<b>12. Spouse/partner Identity number</b>									
<b>13. Number Of Dependants</b> (Children under 21 who is dependent on you)									
<b>14. Next-of-kin</b> (Name and contact number)									
<b>15. Race (for statistical purposes)</b>					African	White	Coloured	Indian	
<b>16. Income Tax number</b>									
<b>16.1 Tax Office</b>									
<b>17. State of Health:</b>					Good	Fair	Poor		
<b>Give details of any illness, injury, physical or mental defects or disease which could affect your Job performance:</b> ..... .....									
<b>18. Are you in possession of a valid driver's license?..... Code:.....</b>									
<b>19. Have you ever been:</b>									
<b>19.1 Convicted of a criminal offence?</b>					<input type="checkbox"/> Yes		<input type="checkbox"/> No		
(If "yes", please furnish particulars on a separate sheet)									
<b>19.2 Dismissed from any employment or asked to resign?</b>					<input type="checkbox"/> Yes		<input type="checkbox"/> No		
(If "yes", please furnish particulars on a separate sheet)									
<b>20. Is there any criminal offence pending against you?</b>					<input type="checkbox"/> Yes		<input type="checkbox"/> No		
(If "yes", please furnish particulars on a separate sheet)									

<b>21. Permanent residential address:</b>  ..... Postal Code: ..... .....
<b>22. Postal address(if different from residential address):</b>  ..... Postal Code: ..... .....
<b>23. Contact Details:</b>  <b>Telephone numbers</b>  (Work): ..... (Home): ..... (Cell phone): .....  Fax Number:..... E-mail address:.....

**B. LANGUAGE PROFICIENCY:**

- i) Home Language: .....
- ii) Indicate “Good”, “Fair”, Or “Poor”

	ENGLISH	SETSWANA	AFRIKAANS	ISIXHOSA	OTHER
<b>SPEAK</b>					
<b>READ</b>					
<b>WRITE</b>					

**C. QUALIFICATIONS (EDUCATIONAL RECORD)**

*(Please give full details of your qualifications and use separate sheet if more space is required)*

- i) **Highest School Qualification:** .....

Year achieved: .....

Name of School: ..... Town/City: .....

- ii) **Post-school Qualifications:**

Qualification	Institution	Date

iii) **Current Studies**

(If currently studying, please furnish details below)

Nature of Studies	Institution	Start Date

iv) **Particulars of courses completed**

Nature of Courses	Institution	Date

v) **REQV Level:**.....

D. **PROFESSIONAL REFERENCES**

*(Please give the names of two references, preferably one of whom should be a recent Employer. (Do not include personal friends or relatives).*

i)	Name of Referee:.....	Occupation: .....	
	Company Name:.....	Contact numbers:.....	
<hr/>			
ii)	Name of Referee:.....	Occupation: .....	
	Company Name:.....	Contact numbers:.....	

E. **EMPLOYMENT HISTORY**

*(Please complete, showing your most recent employer first)*

<b>1. <u>Present employer:</u></b>			
Name and address of employer: .....			
Position: .....			
Period of Service: (from) ..... (to).....			
Main duties/responsibilities: .....			
.....			
Current or last salary: .....			
<b>Status:</b>	Permanent	Temporary	Probation

**2. Previous employers:**

**Name and address of employer:** .....

**Contact numbers:** .....

**Position held:** .....

**Period of Service:** (From) .....(To).....

**Main duties/responsibilities:** .....

.....

**Reason for leaving:** .....

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**2.1 Name and address of employer:** .....

**Contact numbers:** .....

**Position held:** .....

**Period of Service:** (From) .....(To).....

**Main duties/responsibilities:** .....

.....

**Reason for leaving:** .....

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**2.2 Name and address of employer:** .....

**Contact numbers:** .....

**Position held:** .....

**Period of Service:** (From) .....(To).....

**Main duties/responsibilities:** .....

.....

**Reason for leaving:** .....

**F. GENERAL**

- If you are offered this position, when can you assume duty?.....
- Are you prepared to be transferred to another section/campus of the College?

Yes     No

If "no", please furnish reasons.....

- Do you have any contractual or financial liability towards your present employer?

Yes     No

- Participation in clubs, sporting activities and hobbies:.....

**G. APPLICATION FORM WAIVER**

In exchange for the consideration of my job application at Northern Cape Urban FET College, I

..... hereby agree and certify that:

1. The information contained on this form is true and accurate to the best of my knowledge;
2. I understand that false, inaccurate or misleading information in this application will constitute sufficient cause for refusal of hire or may result in my termination due to dishonesty;
3. Neither the acceptance of the application nor any subsequent interview(s), either for the position applied for or any other position, shall serve to create an actual or implied expectation of an offer of employment , and I realise that the completion of this form gives me no rights which I do not currently have;
4. I authorise the College to investigate all statements contained in this application concerning my education, employment experience/history and all other aspects of my background relevant to my proposed employment, including contacting schools, previous employers, references and similar institutions.
5. I hereby release the company, its employees and any other company, institution or person that provides the above information to the College, from any and all liability arising from such investigations.
6. Additionally, I understand that if my materials have been submitted via electronic format (e-mail, fax, on-line, etc.), I will be required to provide an original signature at the time of an offer of employment. I further understand that the electronic submission is as valid as providing an original signature, subject to all terms and conditions as set forth in these documents.
7. In consideration of employment, I agree to abide by the rules and regulations and the applicable policies and procedures of the Northern Cape Urban FET College.

**SIGNATURE OF APPLICANT:**.....

**DATE:** .....

FOR OFFICE USE			
<b>Appointed as:</b> ..... <b>From:</b> ..... <b>Campus/Site:</b> ..... <b>Tag number:</b> ..... <b>Appointment Authorised: (Principal):</b> ..... <b>Date:</b> ..... <b>Appointment Implemented: (HR Manager):</b> ..... <b>Date:</b> .....			
CERTIFICATES	ORIGINALS CHECKED	PHOTOCOPIES ATTACHED	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
REFERENCE CHECK	COMPANY	DATE	RESULTS(N/P/R)
Name:..... Title:.....			
Name:..... Title:.....			
Name:..... Title:.....			
Name:..... Title:.....			
Name:..... Title:.....			
Name:..... Title:.....			