

EMPLOYMENT APPLICATION FORM

Position applied for:									D	Date:											
PERSONAL DETAILS																					
First name(s):								Known as:													
Surname:					1	itle:		11	D:												
				Barcode ID re								D required									
Nationality:				-							Permanent Resident: Y N							N			
Employment Equity : St Stithians College is committed to the principles of Employment Equity. To assist us in monitoring this policy, please provide the following details according to the categories indicated by the South African Department of Labour.																					
Black (African)			Coloured					Indian					White								
Gender:		Male			Female		Disability:			Υ	Y N										
Drivers licency	e:		Code:			Number		Com			Comp	-	Own Transpor			ort	Public				
Home No:							W	Vork No	0:												
Cell phone:							Eı	Email:													
Residential								Postal Address													
Address							A														
Additional contact information (e.g. Spouse/Relative)																					
Name			Relationship					Contact details													
C t !- b t!	al					GENERAL I				1!											
Current job title:				Position applying for						or:											
Notice Period																					
Are you on a Medical Aid? If yes, which scheme?																					
Languages: Please indicate your level of competence in the following languages, using a rating from 1-3 (1=fluent; 3=basic)																					
English		Afrikaans			Zulu			Sepedi			Sotho		Venda								
Other (specify)																					
Do you have any family / spouse / partner who work at the College? If so, please provide details (name, department and relationship).																					
Sex Offenders Register: Are you in possession of a Sexual Offenders Clearance Certificate (not older than 24 months), or other proof that you do not qualify for inclusion in the Register? Please provide details.																					

EDUCATION									
Name of Last School Atte	ended	Highest Standard	Attained	From (yr) to (yr)					
		TERTIARY EDUC	CATION						
Degree/Diploma/Course/ Qualification	N	ame of Institution	Student number	From/To (year)	Results (pass/fail)				
	WORK EXPERIENCE								
REFEREES: Please provide na	mes and co	ntact details of Referees wh	o can be contacted.						
Name		Position		Telephone No. / E-n					
Have you ever been charged dishonesty or anything relev currently under any such invo	Yes	No							
currently under any such ma	osigution.	in 30, preuse give details.							
Have you ever been dismisse	Yes	No							
SACE Registration: Are you continued to the same state of the same	Yes	No							
St Stithians College is a Me Methodist religion, e.g. atten duties?		No							
Do you consent to the Colle aspects of your employment please provide reasons).		No							
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I hereby declare that I have initiated this application with St Stithians College ("the College") of my own accord and volition. I accept further that there is no obligation on the College to place me in permanent or temporary employment and that no contract of employment will come into existence until and unless all terms and conditions of employment have been agreed upon and the appointment has been finally approved in terms of College procedures.

I hereby declare and certify that all the above information, including all information and documents relating to my qualifications and experience as submitted by me, is true, correct and complete in every aspect. I understand that the College will have the right to withdraw any offer of employment or terminate my employment if anything in this statement is proved to be incorrect or incomplete.

I further accept that the College places a premium on a relationship of trust with its employees and that it must take reasonable steps to ensure the integrity and honesty of applicants for employment and their suitability for an educational environment. I acknowledge that I will be required to deal directly with minor children, the school community, monies, assets or property of the College and, in view of the high degree of trust required by my possible employment, I agree to the following:

- 1. That my fingerprints may be taken and be placed at the disposal of the police or similar government body in any place where I may be placed in employment.
- 2. That the police or other applicable body may furnish the College with full details concerning any previous convictions and/or other relevant information in their possession, including court orders and/or judgments given against me.

I hereby authorise any of my former employers to furnish a record of my service, my reason for leaving their employ, together with all information they may have concerning me whether on record or not. I hereby release them and their organisation from all liability for any damages whatsoever for issuing same.

Applicant Signature	Date	Human Resources / Manager