



Eastcape Midlands College  
Private Bag X 35 Uitenhage 6230  
Tel: 041- 995 2000

## **APPLICATION FOR EMPLOYMENT**

Position Applied For:			
Reference Number:			
Mr/Mrs/Miss			
Surname			
Full Names			
Address			
Telephone Number (Work)			
Telephone number (Home)			
Cell phone number			
E- mail address			
Identity number			
Age			
Gender			
Ethnic group			
Do you have a disability? Provide information			
Are you a RSA citizen			
If Not; state which country			
Do you have a valid work permit			
Work permit number			
Work permit expiry date			
Do you have a valid driver's licence. If yes state code			
Language proficiency	Speak	Read	Write
English			
Afrikaans			
Xhosa			
Other			



Highest School Grade passed			
Year obtained			
Type of school (academic/commercial/technical)			
Name and city/town of school			
Subjects passed		1.	
		2.	
		3.	
		4.	
		5.	
		6.	
		7.	
		8.	
Post School Qualifications completed (Must be completed)			
Qualification		Name of Institution	
Year		Major subjects	1. 2. 3. 4. 5. 6.
Qualification		Name of Institution	
Year		Major subjects	1. 2. 3. 4. 5. 6.
Qualification		Name of Institution	
Year		Major subjects	1. 2. 3. 4. 5. 6.



Post School Studies in progress			
Qualification studying for		Name of Institution	
Expected date of completion		Subjects Passes	1. 2. 3. 4. 5. 6. 7. 8.
General Information			
Have you ever been convicted of a criminal offence			
If YES kindly supply details			
Have you ever been dismissed from employment			
If YES kindly supply details			
Notice period required at present employer			
Health Information			
What is your present state of health			
Are there any health reasons that might prevent you from performing your duties effectively? Provide details.			
References:( work related)			
Name and Surname			
Telephone number			
Cellphone number			
E-Mail Address			
Occupation			
Relationship with yourself			



Name and Surname	
Telephone number	
Cellphone number	
E-Mail Address	
Occupation	
Relationship with yourself	
Name and Surname	
Telephone number	
Cell phone number	
E-Mail Address	
Occupation	
Relationship with yourself	
Name and Surname	
Telephone number	
Cellphone number	
E-Mail Address	
Occupation	
Relationship with yourself	

I certify that to the best of my knowledge the details in this application form are true and correct.

\_\_\_\_\_  
Signature

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