



## APPLICATION FOR EMPLOYMENT

### WHAT IS THE PURPOSE OF THIS FORM

To assist a government department in selecting a person for an advertised post.

This form may be used to identify candidates to be interviewed. **You need to fill in all sections of this form** completely, accurately and legibly. This will help to process your application fairly.

### WHO SHOULD COMPLETE THIS FORM

Only persons wishing to apply for an advertised position in a government department.

### ADDITIONAL INFORMATION

This form requires basic information. Candidates who are selected for interviews will be requested to furnish additional certified information that may be required to make a final selection.

### SPECIAL NOTES

1 – All information will be treated with the strictest confidentiality and will not be 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 law. Your personal details must correspond with the details in your ID or passport.

2 – Passport number in the case of non-South Africans.

3 – This information is required to enable the department to comply with the Employment Equity Act, 1998.

4 – This information will only be taken into account if it directly relates to the requirements of the position.

5- The Executive Authority shall consider the criminal record (s) against the nature of the job functions in line with internal **information security and disciplinary code**.

6- **The applicant may submit additional information separately where the space provided is not sufficient.**

7- **Departments must accept certified documents that accompany the application(s) with certification that is up to 6 months, unless the advert prescribes a longer period.**

### A. THE ADVERTISED POST (All sections of this form are compulsory)

Position for which you are applying (as advertised)	Department where the position was advertised
Reference number (as stated in the advert)	If you are offered the position, when can you start OR how much notice must you serve with your current employer?

### B. PERSONAL INFORMATION<sup>1</sup>

Surname and Full names															
Date of Birth	DD/MM/YY	Identity Number													
		Passport <sup>2</sup> number													
Race <sup>3</sup>	<i>African</i>	<i>White</i>	<i>Coloured</i>	<i>Indian</i>	<i>Other</i>										
Gender <sup>3</sup>					Female	Male									
Do you have a disability?					Yes	No									
Are you a South African citizen?					Yes	No									
If no, what is your nationality?															
Do you have a valid work permit? (only if non-South African)					Yes	No									
Have you been convicted or found guilty of a criminal offence (including an admission of guilt)? <sup>5</sup> If yes (provide the details)					Yes	No									
Do you have any pending criminal case against you? If yes, (provide the details) <sup>5</sup>					Yes	No									
Have you ever been dismissed for misconduct from the Public Service? <sup>4</sup> If yes (provide the details) <sup>6</sup>					Yes	No									
Do you have any pending disciplinary case against you? If yes, (provide the details)					Yes	No									
Have you resigned from a recent job pending any disciplinary proceeding against you? <sup>4</sup> If yes, (please note that the provisions of the Public Service Act shall apply).					Yes	No									
Have you been discharged or retired from the Public Service on grounds of ill-health or on condition that you cannot be re-employed? <sup>4</sup>					Yes	No									
Are you conducting business with the State or are you a Director of a Public or Private company conducting business with the State? <sup>6</sup> If yes, (provide the details) <sup>6</sup>					Yes	No									
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.	<b>C. CONTACT DETAILS AND MEDIUM OF COMMUNICATIONS</b>				
	Preferred language for correspondence				
	Method for correspondence	Post	E-mail	Fax	Telephone
	Contact details (in terms of the above)				

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

E. FORMAL QUALIFICATION <sup>7</sup> (from highest to the lowest)		
Name of School/Technical College	Name of qualification obtained	Year obtained
Current study (institution and qualification):		

F. WORK EXPERIENCE (Also attach a detailed CV) <sup>6</sup>							
Employer (including current employer)	Post held	From		To		Reason for 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		
Name	Relationship to you	Tel. No. (office hours)

DECLARATION	
<i>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:</i>	
Signature:	Date:



**CURRICULUM VITAE FORM**

**A. PERSONAL PARTICULARS**

<b>ARE YOU AN ADDITIONAL EDUCATOR: (MARK WITH "X")</b>	<b>YES</b>	<b>NO</b>
<b>HAVE YOU BEEN ACTING IN THE POST FOR 12 MONTHS OR MORE? (MARK WITH "X")</b>	<b>YES</b>	<b>NO</b>

1.1 SURNAME			1.2 MAIDEN NAME (If applicable)		
1.3 FIRST NAME/S				1.4 TITLE	
1.5 PERSAL NO. (If applicable)					
1.6 POSTAL ADDRESS					
	POSTAL CODE				
1.7 PERMANENT RESIDENTIAL ADDRESS					
	POSTAL CODE				
1.8 CONTACT NUMBERS	HOME		CODE		
	WORK		CODE		
	CELLULAR (If any)				
1.9 CONTACT PERSON	NAME				
	TELEPHONE		CODE		
	CELLULAR (If any)				

**B. EMPLOYMENT DETAILS AND HISTORY**

1.10 PROVINCIAL / NATIONAL DEPARTMENT OF EDUCATION						
1.11 WHERE STATIONED (Name of School / Institution / Other)						
1.12 CURRENT PERMANENT POST (Please indicate if applicable)	LEVEL 1	HOD	DEPUTY PRINCIPAL	PRINCIPAL		
1.13 CATEGORY CLASSIFICATION (Please Indicate)		C REQV 13	D REQV 14	E REQV 15	F REQV 16	G REQV 17
1.14 TOTAL YEARS OF SERVICE						



1.18 PROFESSIONAL DEVELOPMENT / EDUCATIONAL EXPERIENCE, INTEREST AND INSIGHT


1.19 LEADERSHIP: COMMUNITY RELATED


**DECLARATION**

**I hereby certify that the information supplied is correct and I undertake to furnish any original documents on request.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**



**PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF EDUCATION**

**SHORTLISTING: ASSESSMENT OF CV**

**HRM NO.5 of 2022**

1. SURNAME		2. FIRST NAMES	
3. PERSAL NUMBER		4. POST NO.	
5. POST DESCRIPTION		6. POST LEVEL	7. SCHOOL
8. CIRCUIT		9. DISTRICT	

**CRITERIA**

1	2
LEADERSHIP: ADMINISTRATIVE MANAGEMENT AND RELATED EXPERIENCE	ORGANISATIONAL ABILITY AND EXPERIENCE

SCORE	14	SCORE	7
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3	4
PROFESSIONAL DEVELOPMENT, EDUCATIONAL EXPERIENCE AND INSIGHT	LEADERSHIP: COMMUNITY RELATED

SCORE	14	SCORE	7
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SCORE	42
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REMARKS

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	Name	Signature		Name	Signature
	Chairperson			Member	
	Member			Departmental	
	Member			Nominee	
	Member			SADTU	
	Member			CTU ATU	
	Member				
	Date:				



**PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF EDUCATION**

**SCHEDULE OF SHORTLISTED APPLICANTS**

**HRM NO.5 of 2022**

1. POST NUMBER		2. POST DESCRIPTION	
3. SCHOOL			
4. CIRCUIT		5. DISTRICT	

NO	NAME	GENDER	PERSAL NO.	SCORE	TELEPHONE NO.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

	Name	Signature		Name	Signature
Chairperson			Member		
Member			Departmental		
Member			Nominee		
Member			SADTU		
Member			CTU ATU		
Member					
Date:					



**PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF EDUCATION**

**INTERVIEW ASSESSMENT**

HRM NO. 5 of 2022

1. SURNAME	2. FIRST NAMES
3. PERSAL NUMBER (If any)	4. QUALIFICATIONS
5. YEARS OF SERVICE (If any)	6. POST NO.
7. POST DESCRIPTION	8. SCHOOL
9. CIRCUIT	10. DISTRICT

**SUMMARY OF ASSESSMENT**

1	2
LEADERSHIP: ADMINISTRATIVE MANAGEMENT AND RELATED EXPERIENCE	ORGANISATIONAL ABILITY AND EXPERIENCE

SCORE	14	SCORE	7
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3	4
PROFESSIONAL DEVELOPMENT, EDUCATIONAL EXPERIENCE AND INSIGHT	LEADERSHIP: COMMUNITY RELATED

SCORE	14	SCORE	7
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PERSONALITY AND HUMAN RELATIONS

SCORE	7
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TOTAL SCORE	49
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REMARKS BY INTERVIEW COMMITTEE:

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	Name	Signature		Name	Signature
Chairperson			Member		
Member			Departmental		
Member			Nominee		
Member			SADTU		
Member			CTU ATU		
Member					
Date:					





**PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF EDUCATION**

**RECOMMENDED CANDIDATES**

**HRM NO.5 of 2022**

1. POST NUMBER	2. POST DESCRIPTION		
3. SCHOOL	4. CIRCUIT	5. DISTRICT	

**NAMES OF RECOMMENDED CANDIDATES IN ORDER OF PREFERENCE**

NO	NAME	GEN DR	RACE	PERSAL NO	SCORE	CURRENT RANK	CURRENT SUBJECTS / GRADES TEACHING	CURRENT SCHOOL EMPLOYED	CURRENT DISTRICT EMPLOYED
1.									
2.									
3.									
4.									
5.									

	Name	Signature	Name	Signature
Chairperson				
Member	Member			
Member	Departmental			
Member	Nominee			
Member	SADTU			
Member	CTU ATU			
Member				
Date:				

RATIFIED AT A FULL MEETING OF THE GOVERNING BODY HELD ON \_\_\_\_\_ 20\_\_\_\_\_

CHAIRPERSON \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_



**PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF EDUCATION**

**DECLARATION BY MEMBERS OF THE INTERVIEW COMMITTEE AND SCHOOL**

**GOVERNING BODY**

**HRM CIRCULAR NO. 5 of 2022**

**We, the undersigned, hereby agree:**

1. To observe STRICT CONFIDENTIALITY in respect of all discussions concerning the shortlisting/interviews of all educators by not communicating details thereof to any persons not having authority to know these details.
2. To withdraw from the Committee should we have a personal interest (by virtue of a blood relationship or marriage) in any applicant for the post or we consider that a close friendship with an applicant compromises our impartiality in the selection process.
3. To abide by the decisions of the Committee and understand that decisions taken by the Committee will be binding on all members of the Committee.

**INTERVIEW COMMITTEE**

	NAME	TELEPHONE NO.	FACSIMILE NO	SIGNATURE
CHAIRPERSON				
MEMBERS				
DEPARTMENTAL NOMINEE				
OBSERVERS	SADTU			
	CTU ATU			

**SCHOOL GOVERNING BODY**

	NAME	TELEPHONE NO.	FACSIMILE NO	SIGNATURE
CHAIRPERSON				
MEMBERS				

\_\_\_\_\_  
DATE



**PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF EDUCATION**

EHR 13

**APPLICANT'S PREFERENCE LIST**

Posts applied for in HRM Circular No. 5 of 2022

1. NAME OF APPLICANT		2. PERSAL NUMBER/ID	
3. SCHOOL		4. CIRCUIT	
5. DISTRICT		6. SERVICE CENTER	

PREFERENCE ORDER	POST NO.	SCHOOL	POST DESCRIPTION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



**DRAFT LETTER TO UNIONS  
(LETTERHEAD OF SCHOOL)**

NAME OF UNION \_\_\_\_\_  
\_\_\_\_\_

DEAR SIR / MADAM

**NOTICE OF MEETINGS FOR POST NO. 5 OF HRM CIRCULAR NO. of 2022**

1. You are hereby notified of and invited to send one representative to the following meeting/s:

MEETING	DATE	VENUE	TIME
SHORTLISTING			
INTERVIEWS			

Yours Faithfully

\_\_\_\_\_  
**SIGNATURE**

**SCHOOL STAMP**

**EXPEDITED PROMOTIONS GRIEVANCE FORM****1. DETAILS OF REFERRING PARTY****1 (A). Details of the Aggrieved Educator where the Educator is lodging a Grievance**

a. Surname:			
b. First Name/s:			
c. Identity Number:			
d. Persal Number:			
e. Postal Address:			Code: <input type="text"/>
f. Telephone:	Work Number		
	Home Number		
	Cell Number		
g. Fax:			
h. Current school / Department Office where Grievant is stationed:			
i. Is the Grievant represented by a Trade Union?	YES	NO	
If YES, which Union?			
Postal Address:			Code: <input type="text"/>
Telephone:			
Fax:			
Contact Person:			
Cell No.			

**1 (B). Details of the UNION where the Union is lodging a grievance on behalf of its members**

a. Name of the Trade Union:			
b. Postal Address:			Code: <input type="text"/>
c. Telephone:			
d. Fax:			
e. Email Address:			
f. Name of Union Observer:			
g. Details of the Aggrieved Member:			
a. Surname:			
b. First Name/s:			
c. Identity Number:			
d. Persal Number:			
e. Postal Address:			Code: <input type="text"/>
f. Telephone:	Work Number		
	Home Number		
	Cell Number		
g. Fax:			
h. Current school / Department where Grievant is stationed:			

**2. DETAILS OF THE GRIEVANCE**

2.1 HRM Number:	
2.2 Post Number:	
2.3 District:	
2.4 Post Description:	
2.5 Name of School:	
2.6 Circuit:	
2.7 Ward:	
2.8 Telephone:	
2.9 Fax:	
2.10 Reasons for being aggrieved OR facts of the case. (Please include the relevant section of the regulation / procedure / legislation/	

collective agreement, etc. that has / have been breached:


(Should this page be insufficient, attach one additional page).

3.1 This grievance arose on:

3.2 Relief sought: (Indicate clearly the relief you seek):


3.3 Would the relief you seek affect the rights and/or interests of other persons? If yes, furnish details of the other person/s who may be affected:


I confirm that all the information presented above is, to the best of my knowledge, true and correct.

I further accept that in participating in this expedited process, I am bound by the procedures as set out in the KZN ELRC Collective Agreement No. 01 of 2008.

SIGNATURE OF APPLICANT	DATE
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SIGNATURE OF REFERRING TRADE UNION REPRESENTATIVE	DATE
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