University of Mpumalanga

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Mbombela •1200

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Website: www.ump.ac.za

Work

Telefax number



E-Mail address

APPLICATION FOR EMPLOYMENT

A successful candidate who wilfully makes a false statement renders him/herself liable to instant dismissal.

Certified copies of educational certificates must accompany the application form.

If filling in this form electronically, please use the TAB key to move forward to next field and SHIFT TAB to move back.
VACANCY FOR WHICH YOU ARE APPLYING (REFERENCE NUMBER):
DEPARTMENT/FACULTY/BUREAU
1. PERSONAL DETAILS
Prof/Dr/Mrs/Mis s Surname
Full names
Address
Telephone number(s) Home

PERSONAL DETAILS (Conf	t.)		
Sex			
Identity number			
S A Citizen Yes: No:		If NO, state which co	untry
Ethnic Group (Asian, Blac	k, Coloured, White, Other) - [F	For Statistical Reporting]	
Marital Status (married, sir	ngle)		
Dependants	Full names	Relationship	Date of birth
Valid driver's licence	Code		
Yes: No: Home language]		
Language Proficiency Afrikaans	Speak	Read	Write
English			
Xhosa			
Other	Ш		

QUALIFICATIONS						
Highest school grade pass	sed	Year obtained	Type	of School (Academic/Commercial/Technica		
Name and City of school						
Subjects passed			T			
1.			5.			
2.			6.			
3.			7.			
4.			8.			
Post-school qualifications	completed	(Please attach c	ertified copies	s of educational qualifications)		
Qualification	Year	Name of instit		r subjects		
1.						
2.						
3.						
4.						
Post-school studies currently	in progress	Expected dat	e of completion	n Name of institution		
1 oot serioor studies currently	iii piogress	Επροσίου σαι	e or completion	1 Traine of institution		
Subjects passed						
1.			4.			
2.			5.			
3.			6.			
Other appropriate training Name of course	(e.g. cours	ses) Institutio	on	Date		
Professional registrations						

3.	3. SERVICE RECORD (STARTING WITH <u>PRESENT</u> EMPLOYER)					
	Nome and address of	T	T	Period /	Daviad	
	Name and address of employer	Position held	Superior's name & job title	Period / From	Period To	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
. —						

	SERVICE RECORD (STARTING WITH PRESENT EMPLOYER)				
Duration Years	of service Months	Full-time/Part- time	Nature of experience gained (attach current JD or similar)	Reason for leaving	

Have you ever been found guilty of a criminal offence? Yes	4. REMUNERATION						
Basic salary (Attach proof of salary) Bonus Allowance R Housing benefit Car benefit Car benefit Chiter (specify) TOTAL Incremental date: S. GENERAL Have you ever been found guilty of a criminal offence? Yes No If YES, kindly supply details If YES, state the name of the fund If YES, state the name of the fund If YES, state the name of the medical scheme? Yes No If YES, state the name of the medical scheme Notice period required at present employer Notice period required at present employer	Present/Previous remuneration			Per annum			
Allowance Housing benefit Car benefit R Cother (specify) R TOTAL Incremental date: Have you ever been found guilty of a criminal offence? Yes	Basic salary (Attach proof of sal	lary)		R			
Housing benefit Car benefit Car benefit R Other (specify) R TOTAL Incremental date: See	Bonus			R			
Car benefit Other (specify) R TOTAL R Incremental date: See See See See See See See See See Se	Allowance			R			
Other (specify) TOTAL Incremental date: R	Housing benefit			R			
TOTAL Incremental date: Society	Car benefit			R			
Incremental date:	Other (specify)			R			
5. GENERAL Have you ever been found guilty of a criminal offence? Yes	TOTAL			R			
Have you ever been found guilty of a criminal offence? Yes	Incremental date:						
Have you ever been found guilty of a criminal offence? Yes							
Yes	5. GENERAL						
Yes	Have you ever been found (quilty of a criminal offence?					
Do you contribute to a pension fund? Yes							
Do you contribute to a pension fund? Yes	If YES, kindly supply details						
If YES, state the name of the fund Are you a member of a medical aid scheme? Yes No If YES, state the name of the medical scheme Notice period required at present employer 6. DECLARATION OF HEALTH							
If YES, state the name of the fund Are you a member of a medical aid scheme? Yes No If YES, state the name of the medical scheme Notice period required at present employer 6. DECLARATION OF HEALTH	Do vou contribute to a pens	ion fund?					
Are you a member of a medical aid scheme? Yes No Dif YES, state the name of the medical scheme Notice period required at present employer 6. DECLARATION OF HEALTH							
Are you a member of a medical aid scheme? Yes	If YES, state the name of th	e fund					
Yes No		- 10					
If YES, state the name of the medical scheme Notice period required at present employer 6. DECLARATION OF HEALTH	Are vou a member of a med	lical aid scheme?					
Notice period required at present employer 6. DECLARATION OF HEALTH	<u> </u>						
Notice period required at present employer 6. DECLARATION OF HEALTH	If YES, state the name of th	e medical scheme					
6. DECLARATION OF HEALTH		ii 1E3, state the name of the medical scheme					
6. DECLARATION OF HEALTH	Notice period required at pro	Notice period required at present employer					
What is your present state of health?	6. DECLARATION OF HEAL	.TH					
What is your present state of ricality:	What is your present state of	of health?					
Are there any health reasons that might prevent you from performing your duties effectively? Give details.	Are there any health reason	s that might prevent you from	performing your duties effectively	? Give details.			
Name any other illness, sensory or physical defects you suffer from.	Name any other illness, sen	sory or physical defects you s	uffer from.				

7.	PERSONAL REFERENCES (Not family)		
(a)	Name and address	(b)	Name and address
	Telephone number Email: Occupation	_ _ _ _	Telephone number Email: Occupation
	How long have you known this person?	<u>-</u>	How long have you known this person?
(c)	Name and address	(d)	Name and address
	Telephone number Email: Occupation How long have you known this person?		Telephone number Email: Occupation How long have you known this person?
	Flow long have you known this person?		How long have you known this person?
I CE	ERTIFY THAT, TO THE BEST OF MY KNOWLED	GE, THE	DETAILS IN THIS APPLICATION FORM ARE CORRECT.
	SIGNATURE	≣: D,	ATE:

FOR OFFICE USE ONLY				
Faculty / Bureau				
Department] 			
Qualifications]			
Experience	_			
References consulted Findings]			
Previous salary notch				
Benefits	7			
It has been recommended that be appointed				
as PERMANENT FULL-TIME / TEMPORARY FULL-TIME / TEMPORARY PART-TIME				
on post-level on a salary notch of R p.a.				
for the period of to				
Human Resources Officer:				
APPROVED: DATE:				