

University of Mpumalanga

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UNIVERSITY OF  
MPUMALANGA

# APPLICATION FOR EMPLOYMENT

- (a) A successful candidate who wilfully makes a false statement renders him/herself liable to instant dismissal.  
(b) 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/Mr/Mrs/Mis

Surname

Full names

Address

  

Telephone number(s)

Home	<input type="text"/>
Work	<input type="text"/>

  

Telefax number

E-Mail address

**PERSONAL DETAILS (Cont.)**

Sex

Identity number

S A Citizen

Yes:

No:

If NO, state which country

Ethnic Group (Asian, Black, Coloured, White, Other) - [For Statistical Reporting]

Marital Status (married, single)

Dependants

Full names

Relationship

Date of birth

Full names	Relationship	Date of birth

Valid driver's licence

Yes:

No:

Code

Home language

Language Proficiency

Speak

Read

Write

Language Proficiency	Speak	Read	Write
Afrikaans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Xhosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. QUALIFICATIONS**

(a) Highest school grade passed      Year obtained      Type of School (Academic/Commercial/Technical)

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Name and City of school

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Subjects passed

1.	5.
2.	6.
3.	7.
4.	8.

(b) Post-school qualifications completed (Please attach certified copies of educational qualifications)

Qualification	Year	Name of institution	Major subjects
1.			
2.			
3.			
4.			

(c) Post-school studies currently in progress      Expected date of completion      Name of institution

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Subjects passed

1.	4.
2.	5.
3.	6.

(d) Other appropriate training (e.g. courses)

Name of course	Institution	Date

(e) Professional registrations


3.

**SERVICE RECORD (STARTING WITH PRESENT EMPLOYER)**

	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						



**4. REMUNERATION**

Present/Previous remuneration	Per annum
Basic salary (Attach proof of salary)	R
Bonus	R
Allowance	R
Housing benefit	R
Car benefit	R
Other (specify)	R
TOTAL	R
Incremental date:	

**5. GENERAL**

Have you ever been found guilty of a criminal offence?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES, kindly supply details

Do you contribute to a pension fund?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES, state the name of the fund

Are you a member of a medical aid scheme?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES, state the name of the medical scheme

Notice period required at present employer

**6. DECLARATION OF HEALTH**

What is your present state of health?

Are there any health reasons that might prevent you from performing your duties effectively? Give details.

Name any other illness, sensory or physical defects you suffer from.

**7. PERSONAL REFERENCES (Not family)**

<p>(a) Name and address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Telephone number</p> <p>_____</p> <p>Email:</p> <p>_____</p> <p>Occupation</p> <p>_____</p> <p>How long have you known this person?</p> <p>_____</p>	(b)	<p>Name and address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Telephone number</p> <p>_____</p> <p>Email:</p> <p>_____</p> <p>Occupation</p> <p>_____</p> <p>How long have you known this person?</p> <p>_____</p>
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<p>(c) Name and address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Telephone number</p> <p>_____</p> <p>Email:</p> <p>_____</p> <p>Occupation</p> <p>_____</p> <p>How long have you known this person?</p> <p>_____</p>	(d)	<p>Name and address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Telephone number</p> <p>_____</p> <p>Email:</p> <p>_____</p> <p>Occupation</p> <p>_____</p> <p>How long have you known this person?</p> <p>_____</p>
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I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE DETAILS IN THIS APPLICATION FORM ARE CORRECT.

SIGNATURE:      DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Faculty / Bureau

Department

Qualifications

Experience

<input type="text"/>
<input type="text"/>

References consulted

Yes	No
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Findings

Previous salary notch

R
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Benefits

<input type="text"/>
<input type="text"/>
<input type="text"/>

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: \_\_\_\_\_