



Elangeni College

For Further Education and Training

APPLICATION FOR EMPLOYMENT

Please use print and use black ink when completing the application form.

Any information that you provide on this form will be used for recruitment purposes only. Information will be stored in a safe manner and will be destroyed after a period of six months, should your application be unsuccessful. All information will be treated with strictest confidentiality and will not be disclosed or used for any other purpose than to assess suitability of a candidate.

PERSONAL DETAILS

Position:	Ref:
Department:	Closing date:
How did you become aware of this vacancy(Please Tick) College Website Newspaper Other please specify:	Are you currently employed by Elangeni College Yes/No

Surname:	Initials:
Address:	Home Tel No:
	Work Tel No:
	Mobile Tel No:
Postal Code:	Email Address:
Date of Birth:	ID No:
Are you a South African citizen? Yes/No	If no, what is your nationality?
	Do you have a valid work permit? Yes/No
Ethnic Group: (please tick) African White Coloured Indian	
Gender: (please tick) Male Female	
Have you ever been convicted of a criminal offence/ dismissed from employment?(please tick) Yes /No	
If yes please provide details?	

EDUCATION AND QUALIFICATION

Name of school/College	Qualification obtained	Year obtained
School:		
College/University		
Current Study (if any)		
Other relevant courses attended in the last 5 years including job related training		
Institution	Course	Year obtained

EMPLOYMENT HISTORY

Please start with your current/ most recent employer (Add an extra sheet if necessary)

Name and Tel of Employer	Position held	From	To	Reason for Leaving

REFERENCES- Please provide details of two people to whom references can be made.

Referee name:	Referee name:
Job Title:	Job Title:
Company:	Company:
Telephone No:	Telephone No:
E-mail address:	E-mail address:
Capacity known to you:	Capacity known to you:

DECLARATION

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 supplied could lead to my application being disqualified or my discharge if I am appointed.	
Signature:	Date: