

SAINT PETER CHRISTIAN COLLEGE EMPLOYMENT APPLICATION

Post Designation Applied For: _____

Date vacancy advertised: _____

Vacancy Ref. _____

| Submission Of Documents Checklist: | Y/N |
|---|-----|
| 1. Completed application form | |
| 2. Certified copy Identity Document | |
| 3. Certified copy Sace Certificate | |
| 4. Certified copies of qualifications | |
| 5. Certified copy of work or related permits (foreign internationals) | |
| 6. Recent Testimonial / Letter of recommendation | |
| | |

| APPLICANT PERSONAL DETAILS | |
|----------------------------|-------|
| 1. Surname: | _____ |
| 2. Initials: | _____ |
| 3. Identity Number: | _____ |
| 4. Taxf/ SARS Ref. Number: | _____ |

EMPLOYMENT APPLICATION
SAINT PETER CHRISTIAN COLLEGE

2008 DR MANDELA DRIVE
 MIDDELBURG
 1053

Telephone: 013 - 591 2723



NOTE: This form must be completed in full. Completing the form does not necessarily mean that the applicant has been accepted.

| | | | | | | | |
|--|--|----|--|--------------------------------|--|--------|---------|
| Surname: | | | | Initials: | | Title: | |
| First Name: | | | | Other Names: | | | |
| Date of Birth: YYYY | | MM | | DD | | | |
| Race: | | | | Gender: | | Male: | Female: |
| Country of Resident: | | | | Identification or Passport No: | | | |
| If SA, indicate province of residence: | | | | Citizenship Date: | | | |

| | | | | | | | |
|------------------------------|---------|----------------|----------|------------------------|--|------|-----|
| Physical Address: | | | | Home Telephone: | | | |
| City/Suburb: | | | | Alternative Telephone: | | | |
| Postal Code: | | Email Address: | | | | | |
| Home Language: | | | | Population group: | | | |
| Marital Status: | Single: | | Married: | | | | |
| Maiden Name (if applicable): | | | | | | | |
| Religion: | | | | Disability: | | Yes: | No: |

Spouse Details (only if applicant is married)

| | | | |
|---------------|--|------------|--|
| Surname: | | | |
| Name & Title: | | | |
| Address: | | | |
| D.O.B: | | ID Number: | |

Next of Kin

| | | | |
|---|--|---------------------------|--|
| Surname: | | Name: | |
| Medical Aid (if any): | | Doctors Name: | |
| Doctors Address: | | Doctors Telephone number: | |
| Medical Condition (to be disclosed in emergency): | | | |

EMPLOYMENT APPLICATION

Present Employment

| | | | |
|--------------------|--|-----------|--|
| Current Employer: | | Position: | |
| References: | | | |
| Name: | | Number: | |
| Name: | | Number: | |
| Name: | | Number: | |

South African Council For Educators (SACE) Details:

| | | | | |
|-----------------------|------|--------------------------|-----|--------------------------|
| SACE Registered: | Yes: | <input type="checkbox"/> | No: | <input type="checkbox"/> |
| Date of Registration: | | | | |
| Registration Number: | | | | |

Language Proficiency (state the languages you can speak, read and write with an indication of good, fair, poor.)

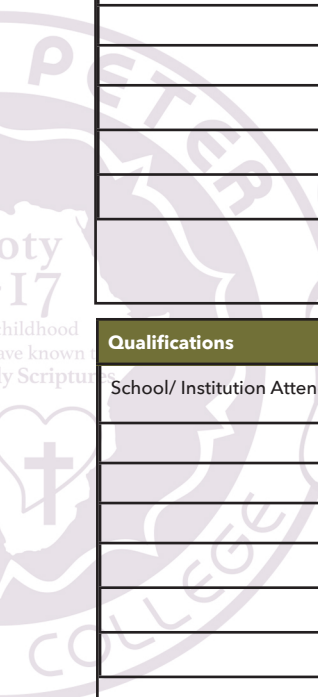
| Language: | Read | Write | Speak |
|-----------|------|-------|-------|
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Subjects Qualified (state the subjects you have qualified and are able to teach)

| Subject | Date Obtained | Level qualified to teach. |
|---------|---------------|---------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Qualifications

| School/ Institution Attended | Highest Qualification Obtained | Date Obtained | Subject/ Courses Passed |
|------------------------------|--------------------------------|---------------|-------------------------|
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EMPLOYMENT APPLICATION

| Experience (Teaching/ Management) | | | |
|--|-------------|------------------|----------|
| Type Of Experience (teaching, HOD ect.): | Institution | Start - End Date | Capacity |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Other Experience | | | |
|---------------------|-------------|------------------|----------|
| Type Of Experience: | Institution | Start - End Date | Capacity |
| | | | |
| | | | |
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| | | | |

| Subjects you are able to teach | | | |
|--------------------------------|-------|-------|--------------------------------|
| Subjects: | Grade | Phase | Lanuage able to teach subject. |
| | | | |
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| Qualification/ Proficiency in subject/ extra-mural activities | | |
|---|---------------|------------------|
| Subjects / Extra-mural activity: | Qualification | Years Experience |
| Music | | |
| Arts & Crafts | | |
| Physical Education | | |
| Netball | | |
| Soccer | | |
| Tennis | | |
| Athletics | | |
| Other (name): | | |
| | | |
| | | |

Number of years training of apprenticeship done: _____

Date completed: _____

EMPLOYMENT APPLICATION

Employment History:

| | | | | |
|----------------------------------|------|--------------------------|-----|--------------------------|
| Been found guilty of misconduct? | Yes: | <input type="checkbox"/> | No: | <input type="checkbox"/> |
|----------------------------------|------|--------------------------|-----|--------------------------|

| | | | | |
|---------------------------------------|------|--------------------------|-----|--------------------------|
| Been convicted of a criminal offence? | Yes: | <input type="checkbox"/> | No: | <input type="checkbox"/> |
|---------------------------------------|------|--------------------------|-----|--------------------------|

| | | | | |
|---------------------------------|------|--------------------------|-----|--------------------------|
| Been dismissed from employment? | Yes: | <input type="checkbox"/> | No: | <input type="checkbox"/> |
|---------------------------------|------|--------------------------|-----|--------------------------|

| | | | | |
|--|------|--------------------------|-----|--------------------------|
| Been granted voluntary severance package | Yes: | <input type="checkbox"/> | No: | <input type="checkbox"/> |
|--|------|--------------------------|-----|--------------------------|

| | | | | |
|---|------|--------------------------|-----|--------------------------|
| Retired due to ill health (recent supporting docs.) | Yes: | <input type="checkbox"/> | No: | <input type="checkbox"/> |
|---|------|--------------------------|-----|--------------------------|

Declaration

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name (Please Print): _____

Signature: _____

Date: -----/-----/-----

Please ensure the relevant recommendation or testimonial is provided.