



## 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:	<input type="text"/>	Position:	<input type="text"/>
<b>References:</b>			
Name:	<input type="text"/>	Number:	<input type="text"/>
Name:	<input type="text"/>	Number:	<input type="text"/>
Name:	<input type="text"/>	Number:	<input type="text"/>

## 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

## 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

# 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

Subjects you are able to teach			
Subjects:	Grade	Phase	Lanuage able to teach subject.

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"/>
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Been convicted of a criminal offence?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
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Been dismissed from employment?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
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Been granted voluntary severance package	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
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Retired due to ill health (recent supporting docs.)	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
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## 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.