

## **APPLICATION FOR EMPLOYMENT**

	A. THE	ADVERTISED	POST					
	Position for wh	ich you are applyi	ing					
WHAT IS THE PURPOSE OF THIS FORM  To assist a National Library of South Africa	Name of the Employer where the position was advertised							
(NLSA) in selecting a person for an advertised post.	Reference num advert)	ber (as stated in t	he					
This form may be used to identify candidates to be interviewed. You need to fill in all sections of this form completely, accurately, and legibly.  This will help to process your application fairly.	you start OR he	ed the position, w ow much notice m r current employe	ust you					
WHO SHOULD COMPLETE THIS FORM?	B. PER	SONAL INFOR	MATIO	N				
Only persons wishing to apply for an advertised position in a NLSA?	Surname							
ADDITIONAL INFORMATION	First names							
This form requires basic information.  Candidates who are selected for interviews will	Date of birth							
be requested to furnish additional certified information that may be required to make a final	ID number <sup>2</sup>							
selection.	Race <sup>3</sup>	African	W	nite	Co	oloured	Indian	
SPECIAL NOTES 1 – All information will be treated with the strictest confidentiality and will	Gender <sup>3</sup>			Female Male				
not be disclosed or used for any other purpose than to assess the suitability of a person,	Do you have a disability? 3			Yes No				
except in so far as it may be required and permitted by law. Your personal details must	Are you a Sout	h African Citizen?			Yes		No	
correspond with the details in your ID or passport.	If "NO", what is	s your nationality?	•					
2 – Passport number in the case of non-South	And do you ha	ve a valid work pe	rmit?		Yes		No	
Africans.  3 – This information is required to enable the department to comply with the Employment Equity Act, 1998.		or occupation require gistration, provide dat registration						
4 – This information will only be taken into account if it directly relates to the requirements of the position.	Residential Add	ress		Postal a	ddress	:		
5- The Accounting Officer shall consider the criminal record (s) against the nature of the job	C. HOV	V DO WE CON	TACT Y	OU?				
functions in line with internal information security and disciplinary code.		age for correspo						
6- The applicant may submit additional	Telephone num	nber during office	hours	(	)			
information separately where the space provided is not sufficient.	Preferred meth	od for correspond	lence	Po	st	E-mail	Fax	
7- NLSA would accept certified documents that accompany the application(s) with certification that is up to 6 months, unless the advert	Correspondent terms of above	ce contact details )	(in					

prescribes a longer period.

D. LANGUAGE PROF	ICIENCY (	(State 'G	ood', 'Fair' or	'Poor'	)					
			Langua	ge (sp	ecified)				1	
Speak										
Read										
Write										
E. FORMAL QUALIFIC	CATIONS	(from hig	hest to the lowe	est)		T				
Name of School / Technical Co	me of School / Technical College Highest qualification obtained Year obtained									
T	ertiary educ		nplete for each		ation you	u obtair	ned)			
Name of Institution		N	lame of Qualific	ation		NG	NQF Level		Year Obtained	
Current study (institution and qu										
If your profession or occupation requires official provide date and particulars of registration			gistration, Date		Regist		Registratio	ration Number		
provide date and particulars of its	giotiution									
F. WORK EXPERIENCE (AI	so attach a d	letailed C\	/)							
Employer (starting with current/latest employer)		Post Held		From			То		Reason for Leaving	
current atest employery				MM YY MM YY		Υ				
	1									
							-			
										1
If you were previously employed that prevents your re-employments		c or priva	te sector, indica	ite whe	ther any	condition	on ex	rists	es	No
If "Yes", provide the name of the	previous en	nployer a	nd indicate the					I		l
nature of the condition.				Private	Sector		F	ublic Secto	r	
Please specify the total number of Have.	of years of e	experience	e you	Private Sector			ľ	Fublic Sector		
Tiave.										
L										
H. DISCIPLINARY CASE							Ye	S		No
Do you have any pending dis	sciplinary	case an	ainst vou?							
If yes, (provide the details)		- acc age								

I. PENDING CASES	Yes	No
Have you resigned from a recent job pending any disciplinary? proceeding against you?		
		_
J. ILL-HEALTH	Yes	No
Have you been discharged or retired on grounds of Ill-health or on condition that you cannot be reemployed?		
	1	
K. CRIMINAL OFFENCES	Yes	No
Have you ever been found guilty of a criminal offence? (If yes shortly describe the nature below)		
	1	
L. DIMISSAL FROM WORK	Yes	No
Have you ever been dismissed for misconduct /poor performance? (If yes, provide details)		
	_	
M. DIRECTOR OF A PUBLIC OR PRIVATE	Yes	No
Are you conducting business with the State or are you a Director of a Public or Private company conducting business with the State? If yes, (provide the details)		
	ı	
N. BUSINESS INTERESTS	Yes	No
If you are employed in the Public Service, will you immediately relinquish such business interests?		

O. FAMILY MEMBERS, RELATIVE	S AND OTHER RELATIONS	Yes	No
O. FAMILT MEMBERS, RELATIVE	S, AND OTHER RELATIONS	res	NO
It is expected of candidates to declar blood relationships with staff member	re any family ties, close relations, or ers of the National Library of South Afric	ca.	
household, such as husband and wir children, brothers and sisters. Relatives: parents and children, in-la sisters.	with the same surname, and from one fe, parents, and children, adopted aws (parents and children), brothers and serilated by birth to the same family.	d	
	members of the National Library of Solvide details of staff member and your	uth	
P. REFERENCES			
P. REFERENCES Name	Relationship to you	Tel No (offi	ce hours)
	Relationship to you	Tel No (offi	ce hours)
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	Relationship to you	Tel No (offi	ce hours)
	Relationship to you	Tel No (offi	ce hours)
Name  Q. DECLARATION  I declare that all the information provided (inc	Relationship to you  Pluding any attachments) is complete and correct to my application being disqualified or my disch	to the best of my know	vledge. I understand
Name  Q. DECLARATION  I declare that all the information provided (inc	eluding any attachments) is complete and correct	to the best of my know	vledge. I understand