

**HR (R3)**

# APPLICATION FOR EMPLOYMENT

The information below will be treated in the strictest confidence.

Please note that applications for employment are only received on this official application form.

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| A separate application form must be completed for **each** vacancy. |
| **Designation of post** |  |
| **Reference number** |  | **Department** |  |

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| **Personal Particulars:**  |
| **Title**  | **Dr** | **Prof** | **Assoc. Prof** | **Rev** | **Mr** | **Mrs** | **Ms/Miss** | **Other (Specify)** |
| **Surname** |  | **Maiden name** |  |
| **Name** |  | **Date of Birth** |  |
| **Race** | African | Coloured | Indian  | White | Other (Specify) |
| **Gender\*(Stats)** | Male | Female | **Id/Passport number** |  |
| **Postal Address** |  | **Physical Address** |  |
| **Home Number**  |  | **Cell Number** |  | **Email Address** |  |
| **Marital Status** |  | **No of dependents** |  |
| **Citizenship** | **South African**  | **Non-South African**  | **Non-South African with Permanent Residency**  | **Work permit: (valid)** | Yes | No |
| **Country of Birth** |  | **Expiry Date of Work Permit** |  |
| **If not South African – Do you have permanent residency** | Yes | No |
| **Driver’s license** | Yes | No |
| **Are you currently applying for another position within our organization? If yes, could you please provide more details?****Vacancy : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes | No |
| **Do you currently work at DUT?** | Yes | No | **Department:****Position:** |
| **Do you have family members or relatives employed at DUT?** | Yes | No | **Department:****Position:**  |
| **Have you ever been convicted of a criminal offence? If yes specify** | Yes | No | Specify |
| **Have you ever been dismissed from any employment?****If yes specify** | Yes | No | Specify |
| **Is there any other disclosure of circumstances you would like to make the Selection Committee aware of?** | Yes | No | Specify |
| **Do you have any disability you would like to declare?** | Yes | No | Specify |
| **Disability Status** | **Is the nature of your impairment** | Physical, if **yes** specify | Yes | No  | Specify |
| Mental, if **yes** specify | Yes  | No  | Specify |
| Combination of both, if **yes** specify | Yes  | No  | Specify |
| **Is the nature of your impairment** | Temporal, if **yes** specify | Yes  | No  | Specify |
| Permanent, if **yes** specify | Yes  | No  | Specify |
| **Is the nature of your impairment substantially limiting** | Yes | No | If your impairment is substantially limiting, will you need support to perform the essential functions of your job should you be appointed? | Yes | No |
| **Have you ever been medically boarded, if yes specify** | Yes | No | Specify |

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| **Qualifications and Experience****Please complete this section in full. Do not complete with “Refer to CV”****Qualifications will be verified during the selection and appointment process** |
| **Senior Certificate/Degree/Diploma/Other qualification obtained****and (Add appendix if required)** | **Institution** | **Year completed** |
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| **Professional Registration*****e.g. HPCSA (Health Professional Council of South Africa)***  |
| **Category of Registration** | **Registering Body** | **Date of Registration** |
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| **Employment History****List in chronological order with the current/Most recent first Do not complete with “Refer to CV”** |
| **Company/Institution** | **Position** | **Dates of employment** |
| **From****Month/Year** | **To****Month/Year** |
| **Date** | **Month** | **Year** | **Date** | **Month** | **Year** |
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| **Publications : (Attach separate sheet if space not sufficient) *Note: this section is compulsory if you are applying for an academic post*** |
| A. Authorship or co-authorship of book/s (Please state title, publisher and date) |
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| B. Contributions to scientific professional journals (Please furnish title of contribution, name, year and volume of journal and, if possible, page reference) |
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| C. Important unpublished reports and memorandums |
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| **Detail of Current Conditions of Service**  |
| **Name of present employer**  |  | **Your present occupational title** |  |
| **Your present basic salary per annum**  |  | **Salary range** |  |
| **Financial Annual Fringe Benefits**  |
| **1)** | ***R*** |
| **2)** | ***R*** |
| **3)** | ***R*** |
| **4)** | ***R*** |
| **TOTAL** | ***R*** |
| **What is the minimum starting salary would you consider?** |  |
| **Would you be open to being considered for a position at a lower level? If no please furnish reason/s:**  | ***Yes***  | ***No*** | **If No, Reason:** |
| **Do you give consent to DUT to do a complete verification on the information you have provide?** | ***Yes***  | ***No*** | **If No, Reason:** |
| **Do you consent to DUT contacting referees who are not listed in your application form?** | ***Yes***  | ***No*** | **If No, Reason:** |
| **Present period of notice with your current employer?** |  |
| **Earliest date on which duties can be assumed?** |  |
| **Financial contractual obligations with present employer** |  |

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| **Language Proficiency** | **Speak** | **Read** | **Write** |
| **A.** |  |  |  |
| **B.** |  |  |  |
| **C.** |  |  |  |

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| **Referees** |
| **Title and Name** | **Position and company/Institution** | **Email address** | **Contact number** |
| **1)** |  |  | **Cell :** |
| **Landline:** |
| **2)** |  |  | **Cell :** |
| **Landline:** |
| **3)** |  |  | **Cell :** |
| **Landline:** |

# CERTIFICATION AND ACKNOWLEDGMENT

I, the undersigned, hereby certify that all the information furnished on this application form is complete and correct and accept that the furnishing of any false information or the withholding of relevant or material information will render me liable to disqualification or dismissal, if appointed. I acknowledge that it is my responsibility to submit a SAQA evaluation certification with my application, for any qualification obtained outside of South Africa.

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**SIGNATURE OF APPLICANT DATE**

Thank you for completing this application form.

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**Please note that:**

1. All sections in this form must be completed in full and signed by the applicant.
2. Clear certified copies of identity documents, educational certificates, professional bodies stated in this form must be attached. Incomplete or late applications will not be considered.
3. Documents submitted with applications, including curriculum vitae, will not be returned.
4. Applicants **must** meet the minimum requirement/s indicated in the advertisement before lodging an application.
5. Only short-listed candidates will be contacted.
6. DUT University reserves the right to verify the authenticity of all documents submitted,
7. “The University reserves the right not to appoint” or to re-advertise to widen the pool of applicants
8. Verification will be conducted on preferred candidates only. DUT reserves the right to do a complete verification of the information you have provided. By completing and submitting this form you authorize DUT to submit your personal details to our external service providers to verify your identity, qualifications, previous criminal convictions and any other data related to minimum requirements.
9. DUT reserves the right to contact your referees or request additional referees.
10. While DUT strives for equal opportunities, preference will be given in terms of the University’s Equity Policy”