**APPLICATION FOR EMPLOYMENT**

**(ACADEMIC/ PROFESSIONAL/ADMINISTRATIVE POST)**

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| ***IMPORTANT NOTES***  1. Please complete all relevant sections of this form  2. Please supply the following documents:  a) Curriculum Vitae  b) Certified copies of educational qualifications  c) Certified copy of an I.D book  e) Copy of a latest Payslip  3. It is essential that the application form is completed in full  4. Return the completed application form and relevant documents to the Department of Human Resources and Development at the above address or email to: hr@mut.ac.za  6. Complete a separate application form for each application |

1. **GENERAL**

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| Title: |
| Surname: |
| First names: |
| Post applied for: |
| Department: |
| Are you willing to be considered for a post in a lower rank?  YES/NO (Make a cross) If no please furnish reason/s: |
| Are you now also applying for another post here? If so, please furnish particulars: |
| Vacancy:  Department: |
| If you have applied for a vacancy at the University before, please furnish details: |
| Were you interviewed? YES/NO: |
| Date of interview: |
| Vacancy: |

1. **PERSONAL DETAILS**

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| Home Address:…..…………………………………………………………………………………………….…..    ………………………………………………………………..…………………Code:………..    Postal Address:…………………………………………………………………………………………………….  …………………………………………………………………………………..Code:………  Telephone: Home:……………………… Work:………………… Cell:…………………….…………………  E-mail address: ……………………………………………………………………………………...…………….  Home Language:…………….……….……ID Number:……………………………………………………….  Age:…………………………………………..Marital Status:…………………………………………………… |

1. **FOR EMPLOYMENT EQUITY PURPOSES**

(Please mark X where appropriate)

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| Race: | African |  | White |  | Coloured | |  | | Indian |  | | Gender: | Female | |  |
| Male | |  |
| Are you a South African  Citizen? | | | | Yes | | No | | If no, state Nationality: | | | | | | | |
| Disability Status | | | Do you have any disability you would like to declare? | | | | | | | | | | | YES | NO |
| Is the nature of your impairment  **Contact details here Contact details here Contact details here Contact details here Contact details here Contact details here**  **Contact details here Contact details here Contact details here Contact details**    **Contact details here**  physical or mental | | | | | | | | Physical | | | YES | NO |
| Mental | | | YES | NO |
| combination of both | | | YES | NO |
| Is the nature of your impairment temporal or permanent | | | | | | | | Temporal | | | YES | NO |
| Permanent | | | YES | NO |
|  | | | 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 |

1. **DEPENDANTS**

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| NAME | AGE | RELATIONSHIP | DATE OF BIRTH |
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**4. (a) RELATIVES**

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| Kindly state if you have any relatives working at Mangosuthu University of Technology:  Name:………………………………………………. Relationship:…………………………………………………  Position held:…………………………………………………………………………………………………………… |

**4 (b) KNOWLEDGE OF LANGUAGE**

(Please mark X in the appropriate column)

*P = POOR A= AVERAGE G = GOOD*

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|  | ENGLISH | | | ISIZULU | | | AFRIKAANS | | | OTHER | | |
|  | P | A | G | P | A | G | P | A | G | P | A | G |
| Read |  |  |  |  |  |  |  |  |  |  |  |  |
| Write |  |  |  |  |  |  |  |  |  |  |  |  |
| Speak |  |  |  |  |  |  |  |  |  |  |  |  |

1. **DETAILS OF CURRENT CONDITIONS OF SERVICE**

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| Name of present employer………………………………..……………………………………………………...........  Your present occupational title……………………………………………………………………………….............  Your present basic salary per annum R……………………………………………………….…………….............  Salary range……………………………………………………………….……………………………………...............  Financial Annual Fringe Benefits……………………………………………………………………………………………………………..............   1. ……………………………………….. R…………………………………………………………………. 2. ……………………………………..... R………………...………………………………………………. 3. ……………………………………….. R………………………………………………………………….   Total………………………………………. R…………..…………………………………………………….  What is the minimum starting salary you will consider R…………………………………………………....…….  Current incremental date………………………………………..……………………………………………………..  Which pension fund are you a member?…………………………………………………………………………..  Present period of notice……..………………………………………………………………………………………….  Earliest date on which duties can be assumed……………………………………………...……………………..  State any contractual liability towards present employer (nature, amount, commitment period etc)  …………………………………………………………………………………………………………………....................  ………………………………………………………………………….……………………………………………………. |

**6. QUALIFICATIONS (including highest school standard)**

***\*\**** *Kindly attach an HSRC or SAQA Evaluation Certificate with all non- South African qualifications*

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| DIPLOMA / CERTIFICATE | INSTITUTION | SUBJECTS | YEAR |
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*\*Full time study should be indicated by an ‘F and Part-time study by a ‘P*

**7. PROFESSIONAL EXPERIENCE (e.g. C.A. Notary, CIS)**

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| QUALIFICATION | PROFESSIONAL BODY | YEAR | MONTH |
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**8. PROFESSIONAL REGISTRATION**

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| *e.g. SA Medical and Dental Council, Public Accountants’ and Auditors’ Board. Furnish details of Registration by statutory boards or councils only.* | | |
| CATEGORY OF REGISTRATION | REGISTERING BODY | DATE OF REGISTRATION |
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**9. OCCUPATIONAL EXPERIENCE***(Listed in reverse chronological order)*

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| --- | --- | --- | --- | --- | --- |
| NAME OF EMPLOYER | CAPACITY AND TYPE OF WORK | FROM | | TO | |
|  |  | YEAR | MONTH | YEAR | MONTH |
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1. **PUBLICATIONS**(Attach separate sheet if space not sufficient)

*Note: this section is compulsory if you are applying for an academic post****.***

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| 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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1. **MEMBERSHIP OF PROFESSIONAL AND SCIENTIFIC ORGAZINATIONS**

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| *Please furnish details of your membership of scientific organizations. Please state whether you hold or held office in any of these organizations e. g. President, Secretary, Treasure* |
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1. **ADDITIONAL INFORMATION**

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| Please furnish any additional information which you regard as important in support of your application e.g. experience, bursaries, awards, awards, extraordinary achievements, special knowledge and abilities. |
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1. **REFEREES**

Please furnish particulars of three referees, two of who should be former employers.

*NB: Please take great care in recording the correct addresses of references.*

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| --- | --- | --- | --- |
| **NAME** | **CAPACITY** | **EMAIL ADDRESS** | **TEL/CELL NO.** |
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| **Please indicate in which Newspaper you read the advertisement for this post:** |
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| **PLEASE NOTE**: *Employees who are transferring from another institution would be required to make arrangements for one of the following.*   1. *their leave to be paid out to them on resignation from the previous employer or* 2. *their institution to transfer the monetary value of the leave entitlement to Mangosuthu University.* |

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| **DECLARATION OF APPLICANT**  *I declare that the particulars furnished by me on this form are true and correct*  **DATE:**................................................................... **SIGNATURE**:............................................................. |

