AMAZWI SOUTH AFRICAN MUSEM OF LITERATURE

APPLICATION FOR EMPLOYMENT

POSITION FOR WHICH YOU ARE APPLYING (AS ADVERTISED)	
WHERE DID YOU SEE THE POST ADVERTISED?	

PERSONAL INFORMATION

All information will be treated with the strictest confidentiality and will not be disclosed or used for any other purpose than to assess the suitability of a person for a position, except in so far as it may be required and permitted by law.

SURNAME												
FIRST NAME(S)												
ID NUMBER												
DATE OF BIRTH												

CONTACT DETAILS AND MEDIUM OF COMMUNICATIONS

PREFERRED LANGUAGE FOR CORRESPONDENCE						
METHOD OF CORRESPONDENCE	POST		EMAIL		PHONE	
HOME ADDRESS						
			POSTAL CODE			
POSTAL ADDRESS						
			POSTAL CODE			
EMAIL		**CELL PHONE NUMBER**				
ALTERNATIVE EMAIL		**ALTERNATIVE PHONE NUMBER**				

This information is required to enable the entity to comply with the Employment Equity Act, 1998.

RACE	African		Coloured		Indian		White		Other	
GENDER	Male		Female		**DO YOU HAVE A DISABILITY?**		Yes		No	

ARE YOU A SOUTH AFRICAN CITIZEN?	Yes		No								
	IF NOT, WHAT IS YOUR NATIONALITY?										
	PASSPORT NUMBER										
	DO YOU HAVE A VALID WORK PERMIT?							Yes		No	

FORMAL QUALIFICATIONS, FROM MOST RECENT (attach copies)

NAME OF SCHOOL/COLLEGE/UNIVERSITY	QUALIFICATION	YEAR OBTAINED

WORK EXPERIENCE

EMPLOYER	POSITION HELD	DATE FROM	DATE TO	REASON FOR LEAVING

REFERENCES

NAME	RELATIONSHIP TO YOU	EMAIL ADDRESS	PHONE NUMBER

This information will only be taken into account if it directly relates to the requirements of the position. The entity shall consider the criminal record(s) against the nature of the job functions in line with internal information security and disciplinary code.

HAVE YOU BEEN CONVICTED OR FOUND GUILTY OF A CRIMINAL OFFENCE (INCLUDING AN ADMISSION OF GUILT)?	Yes		No	
IF YES, PROVIDE DETAILS				

ATTACHMENTS

COVER LETTER		**CURRICULUM VITAE**		**QUALIFICATIONS**	
OTHER INFORMATION					

DECLARATION

I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information provided will result in my application being disqualified or disciplinary action taken against me if I am appointed.

PRINT NAME	**SIGNATURE**	**DATE**