

# EKURHULENI WEST COLLEGE

for Further Education & Training



## EMPLOYMENT PROFILE FORM

Please PRINT. Mark blocks with an X where applicable. Copies with an original stamp of certification should be attached-no documents will be returned. This application will only be considered as complete if this form was completed in full and if all the required documents were attached. Only original signatures (no photocopies) will be valid on this form. Faxed copies of this document will not be accepted. **Incomplete applications will not be considered.**

1. DETAILS OF ADVERTISED POST		
1. Name of institution	EKURHULENI WEST COLLEGE	
2. Post description and post level (if applicable)		
3. Post Reference Number		
4. Campus	Name of campus -	
5. Corporate centre	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Where was the post advertised?	Media	(Please specify) -
	Campus	(Please specify) -
	Web site	
	Other	(Please specify) -

2. PERSONAL DETAILS OF APPLICANT	
1. SURNAME and INITIALS	
2. NAME (S)	
3. PERSAL NO (if currently/previously employed) (one digit per block please)	
4. I.D. NO ( <b>attach copy of ID document with an original stamp of certification</b> )	
5. TAX NUMBER	
6. SACE Registration- number- <b>not applicable to non-educator staff members</b> (Compulsory to be submitted before appointment as educator)	Attach copy with original stamp of certification.
7. HPCSA Registration Number- <b>Please note-</b> only applicable and compulsory for Therapists and Psychologists	Attach copy with original stamp of certification.
8. NATIONALITY	
9. POSTAL ADDRESS	
10. PHYSICAL ADDRESS	
11. PROVINCE	
12. MARITAL STATUS	
13. WORK TELEPHONE NUMBER and code	
14. HOME TELEPHONE NUMBER and code	
15. FAX NUMBER and code	
16. CELL PHONE NUMBER	
17. E-MAIL ADDRESS	

18.	GENDER (Male/Female)	
19.	RACIAL GROUP (For Employment Equity Purposes)	
20.	DISABILITY STATUS- for Employment Equity purposes (a) Sight (b) Hearing (c) Physical (d) Multiple (e) Epilepsy (f) Other (specify) (g) None	

<b>3. LANGUAGE PROFICIENCY</b> (State "Good", "Fair" or "Poor" in the appropriate spaces)						
	LANGUAGES (Specify)					
	1	2	3	4	5	6
SPEAK						
READ						
WRITE						

<b>4. QUALIFICATIONS</b> (Copies with an original stamp of certification should be attached)					
	NAME OF INSTITU- TION	NAME OF QUALIFI- CATION	Subjects- Majors/ 4 <sup>TH</sup> year or diploma and certificate subjects	Subjects- Minors or 3 <sup>rd</sup> year <i>Not applicable to diploma or certificates</i>	<b>YEAR OB- TAINED</b>
<b>ACADEMIC OR FETC</b>					
e.g. BA, N diploma or N Certificate					
<b>PROFES- SIONAL</b>					
e.g. SED					
<b>OTHER</b> including fields of study e.g. Technical					
<b>REQV e.g. 13</b>		<b>PROFESSIONALLY QUALIFIED? (yes/no)</b>		<b>YEARS OF APPROPRIATE * EXPERIENCE</b>	

\*Appropriate refers to suitable or proper experience.

<b>5. COURSES ATTENDED RELEVANT TO THE POST</b> (e.g. OBE, ASSESSOR, MODERATOR). Certified copies of certificates (If available) should be attached. No documents will be returned		
NAME OF COURSE	SERVICE PROVIDER	DURATION OF COURSE, e.g. 3 days
1.		
2.		
3.		
4.		
5.		

<b>6. CURRENT EMPLOYMENT</b>				
ORGANISATION/ INSTITUTION/ CAMPUS	PERMANENT/ TEMPORARY	SUBJECTS/JOB DESCRIPTION	DATE OF APPOINTMENT	POST LEVEL/RANK
<b>TOTAL NUMBER OF YEARS</b>				

<b>7. PREVIOUS EMPLOYMENT</b>				
INSTITUTION	PROVINCE	SUBJECTS/ FUNCTIONS	POST LEVEL/RANK	PERIOD (From (yy/mm/dd) to (yy/mm/dd))
1.				
2.				
3.				
4.				
5.				
<b>TOTAL NUMBER OF YEARS</b>				

<b>8. EXTRA AND CO-CURRICULAR ACTIVITIES</b> (Other capabilities, e.g. projects)		
TYPE OF ACTIVITY	ORGANISATION/INSTITUTION	DURATION
1.		
2.		
3.		
4.		
5.		

<b>9. NON-TEACHING/COMMUNITY EXPERIENCE</b> (e.g. church, social affairs, etc.)		
INSTITUTION/ORGANISATION	POSITION HELD	TYPE OF ACTIVITY
1.		
2.		
3.		
4.		
5.		

<b>10. SKILLS AND COMPETENCIES</b> (e.g. communication, computer literacy, etc.)	<b>QUALIFICATION/CERTIFICATE</b>
1.	
2.	
3.	
4.	

11. PERSONAL QUALITY TRAITS (i.e. strengths)
1.
2.
3.
4.
5.

12. OTHER INFORMATION RELEVANT TO THIS APPLICATION
1.
2.
3.
4.
5.

13. HAVE YOU EVER:					
1. Been convicted of misconduct/criminal offence?	YES	NO	3. Been granted a voluntary severance package?	YES	NO
2. Been dismissed from employment?	YES	NO	4. Taken early retirement? (e.g. for medical reasons)	YES	NO

14. REFERENCES		
NAME	CONTACT DETAILS	RELATIONSHIP
1.		
2.		
3.		

15. DECLARATION
<p>I declare that the above information is true and correct. I understand that any false or incorrect statement will render me liable to be discharged on account of misconduct.</p>
<p>_____</p> <p><b>SIGNATURE OF APPLICANT</b> <span style="margin-left: 200px;"><b>DATE</b></span></p>
<p>Please note: Only an original signature will be regarded as valid – photocopied signatures will not be accepted.</p>