

EKURHULENI WEST COLLEGE FOR FURTHER EDUCATION AND 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											S C O R I N G F O R S H O R T L I S T I N G	S C O R I N G F O R I N T E R V I E W
1.	SURNAME and INITIALS											
2.	NAME (S)											
3.	PERSAL NO (if currently/previously employed) (one digit per block please)											
4.	I.D. NO (attach copy of ID document with an original stamp of certification)											
5.	SACE Registration- number- not applicable to non-educator staff members (Compulsory to be submitted before appointment as educator) Attach copy with original stamp of certification.											
6.	HPCSA Registration Number- Please note- only applicable and compulsory for Therapists and Psychologists Attach copy with original stamp of certification.											
7.	NATIONALITY											
8.	POSTAL ADDRESS											
9.	PROVINCE											
10.	MARITAL STATUS											
11.	WORK TELEPHONE NUMBER and code											
12.	HOME TELEPHONE NUMBER and code											
13.	FAX NUMBER and code											
14.	CELL PHONE NUMBER											

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

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

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

*Appropriate refers to suitable or proper experience.

5. COURSES ATTENDED RELEVANT TO THE POST (e.g. OBE Course. 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.			

6. CURRENT EMPLOYMENT					
ORGANISATION/ INSTITUTION/ CAMPUS	PERMANENT/ TEMPORARY	SUBJECTS/JOB DESCRIPTION	YEAR	POST LEVEL/RANK	

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

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

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

10. SKILLS AND COMPETENCIES (e.g. communication, computer literacy, etc.)	QUALIFICATION/CERTIFICATE			
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.			
TOTAL			

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>SIGNATURE OF APPLICANT</p>	<p>_____</p> <p>DATE</p>
<p>Please note: Only an original signature will be regarded as valid – photocopied signatures will not be accepted.</p>	