

RIVIERA PRIMARY

School Governing Body

6 Rose Street • Riviera • Pretoria • 0084

Tel: 012 945 3964

Email: recruitment@rivieraprimar.org

Website: www.lsriviera.co.za



Application for Employment

A THE ADVERTISED POST

Position for which you are applying (as advertised)	Department where the position was advertised
Post reference number (as stated in the advert)	If you are offered the position when can you start OR how much notice must you serve with your current employer?

B PERSONAL INFORMATION (please ignore if you have attached a CV with **ALL** of the following information:)

Surname							
First names							
Date of birth							
Identity number							
Race	African		White		Coloured		Indian
Gender					Male	Female	
Do you have any disability?					Yes	No	
Are you a South African citizen?					Yes	No	
If no, what is your nationality?							
Do you have a valid work permit?					Yes	No	
Have you been convicted of a criminal offence or been dismissed from employment?					Yes	No	
If your profession or occupation requires State or official registration, provide date and particulars of registration.							

C HOW DO WE CONTACT YOU

Telephone number during office hours	()	Cell number	
Preferred method for correspondence	Post	E-mail	Fax
Correspondence contact details (in terms above)			

D LANGUAGE PROFICIENCY – state 'good', 'fair' or poor

	Languages (specify)					
	Afrikaans	English				
Speak						
Read						
Write						

E QUALIFICATIONS (please ignore if you have attached a CV with these details)

Name of School/Technical college	Highest qualification obtained	Year obtained

Tertiary education (complete for each qualification you obtained)

Name of institution	Name of qualification	Year obtained

Current study (institution & qualification):

F WORK EXPERIENCE (please ignore if you have attached a CV with these details)

Employer (including current employer)	Post held	From		To		Year obtained
		MM	YY	MM	YY	

If you were previously employed in the Public Service, indicate whether any condition exists that prevents your re-appointment

Yes	No
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If yes, provide the name of the previous employing department

G REFERENCES (please ignore if you have attached a CV with these details)

Name	Relationship to you	Telephone number (office hours)

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 supplied could lead to my application being disqualified or my discharge if I am appointed.

Signature:

Date: