



APPLICATION FORM FOR EMPLOYMENT

WHAT IS THE PURPOSE OF THIS FORM

To assist a government department in selecting a person for an advertised post.

This form may be used to identify candidates to be interviewed. You need to fill in all sections of this form completely, accurately and legibly. This will help to process your application fairly.

WHO SHOULD COMPLETE THIS FORM

Only persons wishing to apply for an advertised position in a government department.

ADDITIONAL INFORMATION

This form requires basic information. Candidates who are selected for interviews will be requested to furnish additional certified information that may be required to make a final selection.

SPECIAL NOTES

1 - 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, except in so far as it may be required and permitted by law. Your personal details must correspond with the details in your ID or passport.

2 - Passport number in the case of non-South Africans.

3 - This information is required to enable the department to comply with the Employment Equity Act, 1998.

4 - This information will only be taken into account if it directly relates to the requirements of the position.

5- The Executive Authority shall consider the criminal record (s) against the nature of the job functions in line with internal information security and disciplinary code.

6- The applicant may submit additional information separately where the space provided is not sufficient.

7- Departments must accept certified documents that accompany the application(s) with certification that is up to 6 months, unless the advert prescribes a longer period.

A. THE ADVERTISED POST (All sections of this form are compulsory)

Position for which you are applying (as advertised) ASSISTANT DIRECTOR INTERNAL CONTROL	Department where the position was advertised HIGHER EDUCATION & TRAINING : IKHALA TVET COLLEGE
Reference number (as stated in the advert) C02/1/25	If you are offered the position, when can you start OR how much notice must you serve with your current employer? ONE CALENDAR MONTH

B. PERSONAL INFORMATION¹

Surname and Full names		MALINDI LUNGA LINAMANDLA										
Date of Birth	20/01/1994	Identity Number	9401207000000									
Race ³	African <input checked="" type="checkbox"/>	White <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian <input type="checkbox"/>	Other <input type="checkbox"/>							
Gender ³	Female <input type="checkbox"/>		Male <input checked="" type="checkbox"/>									
Do you have a disability?	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>									
Are you a South African citizen?	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>									
If no, what is your nationality?	N/A											
Do you have a valid work permit? (only if non-South African)	Yes <input type="checkbox"/>		No <input type="checkbox"/>									
Have you been convicted or found guilty of a criminal offence (including an admission of guilt)? ⁵ If yes (provide the details)	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>									
Do you have any pending criminal case against you? If yes, (provide the details) ⁵	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>									
Have you ever been dismissed for misconduct from the Public Service? ⁴ If yes (provide the details) ⁵	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>									
Do you have any pending disciplinary case against you? If yes, (provide the details)	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>									
Have you resigned from a recent job pending any disciplinary proceeding against you? ⁴ If yes, (please note that the provisions of the Public Service Act shall apply).	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>									
Have you been discharged or retired from the Public Service on grounds of ill-health or on condition that you cannot be re-employed? ⁴	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>									
Are you conducting business with the State or are you a Director of a Public or Private company conducting business with the State? ⁶ If yes, (provide the details) ⁶	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>									
In the event that you are employed in the Public Service, will you immediately relinquish such business interests?	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>									
Please specify the total number of years of experience you have	Private Sector	0										
	Public Sector	10										
If your profession or occupation requires official registration, provide date and particulars of registration	Date	N/A										
	Reg. No	N/A										

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8- Each application for employment form must be duly signed and initialed by the applicant. Failure to sign this form may lead to disqualification of the application during the selection process.	C. CONTACT DETAILS AND MEDIUM OF COMMUNICATIONS			
	Preferred language for correspondence			ENGLISH
	Method for correspondence	Post <input type="checkbox"/>	E-mail <input type="checkbox"/>	Fax <input type="checkbox"/>
Contact details (in terms of the above)		047 873 8875		

D. SOUTH AFRICAN OFFICIAL LANGUAGE PROFICIENCY – state 'good', 'fair', or 'poor'				
Languages (specify)				
ENGLISH ISIXHOSA				
Speak	GOOD	GOOD		
Write or read	GOOD	GOOD		

E. FORMAL QUALIFICATION⁷ (from highest to the lowest)		
Name of School/Technical College	Name of qualification obtained	Year obtained
UNISA	MCOM: ACCOUNTING	2016
UNITRA	BCOM HONS: ACCOUNTING	2014
UCT	BCOM: INTERNAL AUDIT	2013
ISIPHINGO HIGH SCHOOL	MATRIC	2009
Current study (institution and qualification): UWC: MPA		

F. WORK EXPERIENCE (Also attach a detailed CV)⁸							
Employer (including current employer)	Post held	From		To		Reason for leaving	
		MM	YY	MM	YY		
REFER TO		CV					
If you were previously employed in the Public Service, is there any condition that prevents your re-employment?						Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, provide the name of the previous employing department and indicate the nature of the condition.						N/A	

G. REFERENCES		
Name	Relationship to you	Tel. No. (office hours)
REFER TO		CV

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:	
Signature: [Signature]	Date: 21/01/2025