### **UMLAZI KWAZULU-NATAL**



PO Box 12363 Jacobs 4026 Durban

**Tel:** 031 907 7111

## APPLICATION FOR EMPLOYMENT (ACADEMIC/ PROFESSIONAL/ADMINISTRATIVE POST)

### **IMPORTANT NOTES**

- 1. Please complete all relevant sections of this form
- 2. Please supply the following documents:
- a) Curriculum Vitae
- b) Certified copies of educational qualifications
- c) Certified copy of an I.D book
- e) Copy of a latest Payslip
- 3. It is essential that the application form is completed in full
- 4. Return the completed application form and relevant documents to the Department of Human Resources and Development at the above address or email to: hr@mut.ac.za
- 6. Complete a separate application form for each application

# Title: Surname: First names: Post applied for: Department: Are you willing to be considered for a post in a lower rank? YES/NO (Make a cross) If no please furnish reason/s: Are you now also applying for another post here? If so, please furnish particulars: Vacancy: Department: If you have applied for a vacancy at the University before, please furnish details: Were you interviewed? YES/NO: Date of interview: Vacancy:

### 2. PERSONAL DETAILS

Home Address:		 
		 Code:
Postal Address:		
Telephone: Home:		
E-mail address:		 
Home Language:	ID Number:	 
Age:	Marital Status:	 

### 3. FOR EMPLOYMENT EQUITY PURPOSES

(Please mark X where appropriate)

(1 10 030 1110	ark x where			$\sim_{I}$									
	African		White		Colo	ured		Indian			Female		
Race:										Gender:	Male	225	
Are you o	a South Afi	ican	1	Υє	es	No		If no, sto	state Nationality:				<b></b>
			Do you have any disability you would like to declare?						YES	NO			
			Is the no		-		pai	rment		Physical		YES	NO
			Is the nature of your impairment						-	Mental	YES	NO	
Disability S	Status								(	combinatio	YES	NO	
								rment	-	Temporal		YES	NO
		temporal or permanent						1	Permanent		YES	NO	
			Is the nature of your impairment substa					rment sub	ostai	ntially limitir	ng	YES	NO
			If your impairment is substantially limiting, will you need support perform the essential functions of your job should you appointed?					YES	NO				

4.	D	EP	E١	۱D	Α	NTS

NAME	AGE	RELATIONSHIP	DATE OF BIRTH

### 4. (a) RELATIVES

Kindly state if you have any relatives working at Mangosuthu University of Technology:
Name: Relationship:
Position held:

4 (b) KNOWLEDGE OF LANGUAGE

(Please mark X in the appropriate column)

P = POOR A = AVERAGE G = GOOD

	ENGLI	ISH		ISIZUL	U		AFRIK	AANS		OTHE	R	
	Р	Α	G	Р	Α	G	Р	Α	G	Р	Α	G
Read												
Write												
Speak												

### 5. DETAILS OF CURRENT CONDITIONS OF SERVICE

Name of present employer
Your present occupational title
Your present basic salary per annum R
Salary range
Financial Annual Fringe Benefits
1) R
2) R
3) R
TotalR
What is the minimum starting salary you will consider R
Current incremental date
Which pension fund are you a member?
Present period of notice
Earliest date on which duties can be assumed
State any contractual liability towards present employer (nature, amount, commitment period etc)

### 6. QUALIFICATIONS (including highest school standard)

\*\* Kindly attach an HSRC or SAQA Evaluation Certificate with all non- South African qualifications

DIPLOMA / CERTIFICATE	INSTITUTION	SUBJECTS	YEAR

<sup>\*</sup>Full time study should be indicated by an 'F and Part-time study by a 'P

7. PROFESSIONAL EXPERIENCE (e.g. C.A. Notary, CIS)

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QUALIFICATION	Professional body	YEAR	MONTH

### 8. PROFESSIONAL REGISTRATION

e.g. SA Medical and Dental Council, Public Accountants' and Auditors' Board. Furnish details of Registration by statutory boards or councils only.

CATEGORY OF REGISTRATION	registering body	DATE OF REGISTRATION

### 9. OCCUPATIONAL EXPERIENCE

(Listed in reverse chronological order)

NAME OF EMPLOYER	CAPACITY AND TYPE OF WORK	FROM		ТО	
		YEAR	MONTH	YEAR	MONTH
				9	

### 10. PUBLICATIONS

(Attach separate sheet if space not sufficient)
Note: this section is compulsory if you are applying for an academic post.

A. Authorship or co-authorship of book/s (Please state title, publisher and date)
B. Contributions to scientific professional journals (Please furnish title of contribution, name, year and volume of journal and, if possible, page reference)
C. Important unpublished reports and memorandums

11. MEMBERSHIP OF PROFESSIONAL AND SCIENTIFIC ORGAZINATIONS
lease furnish details of your membership of scientific organizations. Please state whether you old or held office in any of these organizations e.g. President, Secretary, Treasure

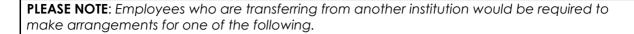
## 12. ADDITIONAL INFORMATION Please furnish any additional information which you regard as important in support of your application e.g. experience, bursaries, awards, awards, extraordinary achievements, special knowledge and abilities.

### 13. REFEREES

Please furnish particulars of three referees, two of who should be former employers. NB: Please take great care in recording the correct addresses of references.

NAME	CAPACITY	EMAIL ADDRESS	TEL/CELL NO.

Please indicate in which Newspaper you read the advertisement for this post:



- 1. their leave to be paid out to them on resignation from the previous employer or
- 2. their institution to transfer the monetary value of the leave entitlement to Mangosuthu University.

### **DECLARATION OF APPLICANT**

I declare that all the information provided (including any attachments and CV) 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 dismissal if I am appointed. I hereby acknowledge that all information within this application remains the property of MUT. I accept that the information can be verified.

All sections in this form must be completed in full and signed by the applicant.

Clear certified copies of identity documents, educational certificates, professional bodies stated in this form must be attached. Incomplete or late applications will not be considered.

Documents submitted with applications, including curriculum vitae, will not be returned.

Applicants **must** meet the minimum requirement/s indicated in the advertisement before lodging an application. Only short listed candidates will be contacted.

MUT University reserves the right to verify the authenticity of all documents submitted, "The University reserves the right not to appoint" or to re-advertise to widen the pool of applicants.

Verification will be conducted on preferred candidates only. MUT reserves the right to do a complete verification of the information you have provided.

By completing and submitting this form you authorize MUT to submit your personal details to our external service providers to verify your identity, qualifications, previous criminal convictions and any other data related to minimum requirements.

MUT reserves the right to contact your referees or request additional referees.

DATE:	SIGNATURE: