



# The Glen High School

## APPLICATION FOR SGB POSITIONS

### 1. PARTICULARS OF ADVERTISED POST

Position applied for:	
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### 2. PERSONAL PARTICULARS

SURNAME:					
NAME(S):					
ID NO.:					
GENDER: (Male/Female/Other)	Male		Female		
RACIAL GROUP (For Employment Equity and Statistical Purpose)	African	Coloured	Indian	White	
Do you have a disability?	Yes		No		
Are you a South African citizen?	Yes		No		
Do you have a WORK permit/PERMANENT residence permit?	Yes	No	If yes, Permit Number/ID		
Have you been convicted of a criminal offence? (x) (If yes, attach clearance letter)	Yes		No		
Have you been dismissed due to misconduct? (x) (If yes, attach clearance letter)	Yes		No		
Have you been convicted in line with the Sexual Offences and Related Act case?	Yes		No		

### 3. CONTACT DETAILS

Contact number: ( )	Alternative contact number: ( )	
Postal Address:	Postal code:	
Physical Address:	Fax number:	
Cellphone Number:	E-mail Address:	

Name and Contact details for next of Kin:	Relationship:	
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#### 4. LANGUAGES

LANGUAGES (specify)	(example) English					
Speak	X					
Write	X					
Read	X					
Teach	X					

#### 5. QUALIFICATIONS

School/University/College	Qualification(s)	Subjects/Majors/Specialisation

#### 6. ADDITIONAL CERTIFICATES OF OTHER COURSES ATTENDED

Name of course	Service provider/Institution	Duration of course
1.		
2.		
3.		
4.		
5.		

#### 7. SKILLS: (e.g. MANAGEMENT OR LEADERSHIP)

1.
2.
3.
4.

#### 8. EXPERIENCE

##### a) CURRENT POSITION OF EMPLOYMENT)

Institution	Position held at current institution			Exact Dates in Current Post	TOTAL	
				FROM (M/Y)	YEARS	MONTHS

**b) PREVIOUS EMPLOYMENT**

Institution	Position held at Previous Institution			Exact Dates		TOTAL	
				FROM (M/Y)	TO (M/Y)	YEARS	MONTHS

**10. REFERENCES**

NAME	CONTACT DETAILS	RELATIONSHIP
1		
2.		
3.		

**DECLARATION:** I declare that the above information provided (including any attachments) is true and correct. I understand that any false or incorrect information could lead to my application being eliminated and me being discharged on account of misconduct if appointed.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**