DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION NOTICE 627 OF 2020

NOTICE IN TERMS OF THE PUBLIC SERVICE REGULATIONS, 2016: AMENDMENT OF Z83 APPLICATION FOR EMPLOYMENT FORM

I, Mr Senzo Mchunu, the Minister for the Public Service and Administration hereby, in terms of Regulation 10(4), read with section 10(1) of the Public Service Regulations, 2016 (promulgated under Government Notice R. 877 of 29 July 2016), as amended, amend the official form **Z83 (Application for employment)** with effect from 1 January 2021.

Mr Senzo Mchunu, MP

Minister for the Public Service and Administration

SCHEDULE

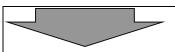
[FORM]



Republic of South Africa

Z83 (.....)

APPLICATION 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.
- 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)	Department where the position was advertised									
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. PERS	ONAL INFORMAT	ION¹														
Surname a	nd Full names															
Surname a	nu Full hames															
Date of Birth	DD/MM/YY	Identity Number Passport ²														
Race ³	African	number White	Col	our	ed	<u> </u>	 	In	ıdia	n	<u> </u>	Other				
Gender ³									Female				Male			
Do you have a disability?								Yes				No				
Are you a South African citizen?								Yes				No				
If no, what	is your nationality?															
Do you have a valid work permit? (only if non-South African)								Yes				No				
Have you been convicted or found guilty of a criminal offence (including an admission of guilt)? 5							e	Yes				No				
If yes (provide the details)								Yes				No				
Do you have any pending criminal case against you? If yes, (provide the details) ⁵						-										
Have you ever been dismissed for misconduct from the Public Service? ⁴								Yes				No				
If yes (provide the details) ⁶																
Do you have any pending disciplinary case against you? If yes, (provide the details)							-	Yes				No				
Have you resigned from a recent job pending any disciplinary								Yes				No				
proceeding against you? ⁴ If yes, (please note that the provisions of the Public Service Act shall apply).																
Have you been discharged or retired from the Public Service on grounds of III-health or on condition that your cannot be reemployed? ⁴									Yes				No			
Are you conducting business with the State or are you a Director of a Public or Private company conducting business with the State? If yes, (provide the details)									Yes No							
In the event that you are employed in the Public Service, will you immediately relinquish such business interests?									Yes				No			
Please specify the total number of years of experience you have									Private Public S Sector				ic S	ecto	or	
							_	Date Reg. I				20 1	lc.			
If your profession or occupation requires official registration, provide date and particulars of registration						II, -		Jate	;	Reg. No						

Initial.....

8- Each application for employment form must be duly signed and initialed by the C. CONTACT DETAILS AND MEDIUM OF COMMUNICATIONS													
applicant. Failure to sign this form may lead to disqualification of the application during	ad	Preferred language for correspondence											
the selection process. Method correspondence				for	Post		E-mail		Fax	Telephone			
			t details	(in		I		l					
		terms o	of the abov	re)									
D. SOUTH AFRICAN OFFICIAL LA	NGUA	GF PRO	FICIENCY	′ – state	anod' 'f	air'or '	noor'						
B. GOOTH AI RIGAR OF FIGURE LA		IGUAGE PROFICIENCY – state 'good', 'fair', or 'poor' Languages (specify)											
						gaagaa	(0)						
Speak Write or read													
Write of read													
E. FORMAL QUALIFICATION7 (from	E. FORMAL QUALIFICATION ⁷ (from highest to the lowest)												
Name of School/Technical College				Name of	qualificat	ion obta	ined		Year o	otained			
· · · · · · · · · · · · · · · · · · ·													
Current study (institution and qualific	cation)	:											
F. WORK EXPERIENCE (Also atta	ch a d	letailed C	(V) ⁶										
Employer (including current Post held				F	rom		То	Reasor	Reason for leaving				
employer)			MM YY		MM	YY							
If you were previously employed in t appointment	he Pul	blic Servic	ce, is there	any con	dition that	prevent	s your re-	Yes	Yes No				
If yes, Provide the name of the previ	ous er	mploying	departmer	t and ind	icate the				•				
nature of the condition.													
G. REFERENCES													
Name		Relations	hip to you			Tel.	No. (office	hours)					
	I												
DECLARATION													
I declare that all the information pro that any false information provided v	vided vill res	(including	any attac	hments) beina di	is comple	te and o	correct to the	e best of n taken a	my knowled gainst me if	lge. I understand I am appointed:			
Signature:					Date:								
•				•									