



EMPLOYMENT APPLICATION FORM

Please complete all sections of this form fully and accurately. Incomplete applications may not be considered. Submission of this application form does not automatically entitle the applicant to an interview or appointment. Only shortlisted candidates may be contacted.

1. BIOGRAPHICAL INFORMATION

Title:	Surname:	Full Names:
ID / Passport Number:	Contact Details:	Email Address:
Home Language:	Other Languages:	
Residential Address:	Postal Address:	
<i>This information is required to enable SALB to comply with the requirements of the Employment Equity Act, Act 55 of 1998</i>		
Gender:	Race	
Nationality:	Work Permit Number (if applicable):	
Are you a person living with a disability?	☐ Yes ☐ No	

2. PARTICULARS OF POST APPLIED FOR

Position Name	
Employment Type: Permanent / Contract / Temporary / Internship	
If Internal Applicant, Current Position	
Current Section	

3. PRE-EMPLOYMENT BACKGROUND AND DECLARATIONS

Do you have any information that may reasonably affect your suitability, integrity, security clearance, or ability to perform the inherent requirements of the position? <i>If yes, provide details</i>	
Have you ever been dismissed from employment? <i>If yes, provide details</i>	
Have you ever resigned while disciplinary proceedings were pending against you? <i>If yes, provide details</i>	
Have you ever been subjected to disciplinary action and had adverse findings made against you? <i>If yes, provide details of allegations, findings and sanction imposed</i>	
Have you ever been convicted of a criminal offence or do you have any pending criminal case? <i>If yes, please indicate what the offence(s) are, the findings made against you and whether that order was implemented.</i>	

4. QUALIFICATIONS

Qualification	Institution	NQF Level	Year Completed

5. RELEVANT OCCUPATIONAL EXPERIENCE

Employer	Position Held	From		To		Reason for Leaving
		Month	Year	Month	Year	

6. PROFESSIONAL REGISTRATION(S) (e.g. LIASA, SABPP, SAICA/SAIPA/CIMA, CIPS/CIPS SA, SACNASP or any other statutory or professional registration required for the post.)

Category of Registration	Registering Body	Registration Number	Date of Registration

7. CONFLICT OF INTEREST DECLARATION

Do you have any family relationship, close personal relationship, or business interest with any SALB employee, Board member, supplier, service provider, or stakeholder? <i>If yes, provide details</i>	
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8. REFERENCES

Name	Occupation / Position	Organisation	Email Address	Contact Number

9. CONSENT TO PROCESS PERSONAL INFORMATION: POPIA *(Personal information will be retained only for as long as reasonably necessary for recruitment and legal compliance purposes)*

I consent to SALB processing and, where necessary, sharing my personal information with authorised SALB officials, recruitment service providers, verification agencies, and regulatory bodies for recruitment, selection, Employment Equity reporting, and related lawful employment purposes, in accordance with the Protection of Personal Information Act, 4 of 2013.	☐ Yes ☐ No
I consent to SALB conducting qualifications, employment reference, criminal, credit, and related verification checks relevant to the position applied for, subject to applicable legislation.	☐ Yes ☐ No

10. DECLARATION BY APPLICANT

a) I declare that all information provided in this application form, including any attachments, is complete, true and correct to the best of my knowledge b) I understand that any material misrepresentation, omission, or falsification of information may result in disqualification from the recruitment process or termination of employment, should I be appointed subject to applicable labour legislation and due processes. c) I understand that only shortlisted candidates may be contacted, and that the South African Library for the Blind reserves the right not to make an appointment.		
Full Names:	Signature:	Date: