

SRI SATHYA SAI EDUCATION TRUST OF SOUTH AFRICA

AFRICAN INSTITUTE OF SRI SATHYA SAI EDUCATION

A Sathya Sai School is a full-time independent, private school that integrates secular education with Sri Sathya Sai Educare which uses the Sri Sathya Sai pedagogy of Integral Education, fostering character development through the unfolding human values that is inherent in individuals, both educator and learners.

	APPLICATION	FOR EMPLOYME	NT A	ΑT	SRI	SA	TH	YA SA	I SC	H	001	L				
A.THE ADVER	TISED POST (All s	sections of this f	orm	ı ar	ec	omj	pul	sory)								
	you are applying (as (INTERMEDIATE PH	•	OF AI	FRI	KAA	NS		Sch			ere t	he p	ost	was		
Reference num	ber as stated in the	advert						If yo whe notic	n ca ce n	ın y านร	ou s t yo	start u se	or h	iow i	muc	h
D DEDOCMAI	INFORMATION															
	INFORMATION	T														
Surname and full n	ames															
Date of birth		Identity Number														
Race	African	White		С	olour	ed			Indi	an				Othe	er	
Gender								Fema	ale			N	1ale			
Do you have a disa	bility?							Yes				1	No.			
Are you a South Afr	ican Citizen?							Yes				١	lo.			
If no what is your na	ationality?															
Do you have a valid	work permit? (Only if no	n-South African)						Yes				1	No.			
Have you been con	victed or found guilty of a	a criminal offence? (Inc	luding	g an	admi	issioı	n of	Yes				ŀ	ol			
guilt)																
If yes provide detai																
	ending case against you?							Yes					10			
If yes provide detai	ıs n dismissed for miscondu	est from the public conv	ioo2					Yes					No			
nave you ever beer	ruisinisseu ioi misconut	act from the public serv	ice:					168					NO			
If yes provide detai	ls															
	sciplinary case against yo	ou?						Yes				1	No.			
If yes provide detai																
Have you resigned	from a recent job pendin	g any disciplinary proce	eding	gaga	ainst	you?		Yes				1	No.			
If yes (please note	that the provisions of the	Public Service Act shal	l appl	ly)												
Have you been disc	charged or retired on the	grounds of ill health						Yes				١	Vо			
Specify the total nu	ımber years of experienc	e in teaching				-								-		
Provide Date and p	articulars of official regis	tration for your profess	ion/o	ccu	atio	n		Date				F	Reg. N	۱o.		

C. CONTACT DETAILS	AND ME	DIUM OF COM	MUNICATIO	N5						
Preferred language										
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Method for correspondence	Po	st	email		F	ax	Te	elephone		Cellphone
Contact details (in terms of the above)										
D. SOUTH AFRICAN OFF	ICIAL LAI	NGUAGE PRO	FICIENCY -	state 'g						
					Lan	guages (s	pecify)			
Speak										
Write or read										
E. FORMAL QUALIFICAT	FION? (from	n highaat ta th	a lowest)					<u> </u>		
			le lowest)	Nama	-£l:£		(a.'.a.a.l		V	alata in a al
Name of University/Techn	icai Colleg	<u> </u>		ivame	oi quaiii	cation ob	lameu		rear	obtained
Current study (institution a	and qualific	ation):								
Current study (institution a	and qualific	eation):								
Current study (institution a	and qualific	ration):								
Current study (institution a			V) ⁶							
F. WORK EXPERIENCE (Also attac		V) ⁶	Fro	m	Ţ	0	Reason fo	or leaving	
F. WORK EXPERIENCE (Also attac	h a detailed C	V) ⁶					Reason fo	or leaving	
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F. WORK EXPERIENCE (Also attac	h a detailed C	V) ^e					Reason fo	or leaving	
F. WORK EXPERIENCE (Also attac	h a detailed C	V) ⁶					Reason fo	or leaving	
F. WORK EXPERIENCE (Employer (including curren employer)	Also attac	h a detailed C Post held		MM	YY	MM	YY	Reason for	or leaving	
F. WORK EXPERIENCE (A Employer (including current employer) If you were previously empreappointment	Also attac	Post held Post held Post held	e, is there an	MM	yy ion that	MM	YY			
F. WORK EXPERIENCE (A Employer (including current employer)	Also attac	Post held Post held Post held	e, is there an	MM	yy ion that	MM	YY			

G. REFERENCES

DECLARATION			
I declare that all the information provided any false information provided will result	(including any attachi in my application beir	ments) is complete aing disqualified or disc	nd correct to the best of my knowledge. I understand that iplinary action taken against me if I am appointed:
Signature:		Date:	
Name	Relationship to you		Tel. No. (office hours)