



**Tshwane University
of Technology**
We empower people

Employment Application

POSITION

NAME OF POSITION	STUDENT ASSISTANT	REFERENCE NUMBER	23/401
DEPARTMENT	CAMPUS RECTORS OFFICE	CURRENT TOTAL COST TO COMPANY	

BIOGRAPHICAL INFORMATION

TITLE	MR	SURNAME	RAMPORA		FULL NAMES		CHRISTOPHER THABO			
RACE* (Tick)	Black <input checked="" type="checkbox"/>	White <input type="checkbox"/>	Colored <input type="checkbox"/>	Asian <input type="checkbox"/>	GENDER	M <input checked="" type="checkbox"/>	F <input type="checkbox"/>	MARITAL STATUS	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
ID/PASSPORT NUMBER					DATE OF BIRTH	0005235554085		NATIONALITY	South African	
DRIVER'S LICENCE CODE:	YES <input checked="" type="checkbox"/>		NO <input type="checkbox"/>		WORK PERMIT NO:	N/A		TAX NR:	3751614177	
DO YOU HAVE A DISABILITY? IF YES PLEASE STATE ON THE RIGHT	YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>							
DO YOU KNOW ANYONE WITHIN THE INSTITUTION? IF YES PLEASE STATE THE RELATIONSHIP	YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>							
HOME NUMBER	N/A		CELL NUMBER		0685587535		ALTERNATIVE NUMBER		0738196750	
EMAIL ADDRESS	Chrisramproa242@gmail.com				WORK NUMBER					
PHYSICAL ADDRESS	90 BURGER STREET LEOHEN FLATS POLOKWANE									
POSTAL ADDRESS	PO BOX 7187 ESIKHAWINI						POSTAL CODE		3887	
NEXT OF KIN	RELATIONSHIP		Uncle							
TITLE	Mr	SURNAME		Buthelezi		FULL NAMES		Siphelele Handry		
DEPENDENTS NAME	SURNAME		RELATIONSHIP		DATE OF BIRTH					
Siphelele	Buthelezi		Daughter		2017/08/25					

* Information required for biographical and statistical reporting purposes

LANGUAGE PROFICIENCY (state – good, fair or poor)

	SPECIFY LANGUAGES - state 'good', 'fair' or 'poor'				
	English	Afrikaans	Other : Sepedi	Other : Tswana	Other: isiZulu
SPEAK	Good	Fair	Fair	Good	Good
READ	Good	Good	Poor	Good	Good
WRITE	Good	Fair	Fair	Good	Good

QUALIFICATIONS

NAME OF SCHOOL/TECHNICAL COLLEGE	HIGHEST GRADE PASSED	YEAR OBTAINED
OLD MILL	12	2017

TERTIARY EDUCATION

NAME OF INSTITUTION	QUALIFICATION OBTAINED <i>(start with current/most recent)</i>	YEAR OBTAINED
Tshwane University of Technology	ADVANCED DIPLOMA IN COMPUTER SCIENCE	IN PROGRESS
Tshwane University of Technology	NATIONAL DIPLOMA IN INFORMATION TECHNOLOGY(SOFTWARE DEVELOPMENT)	2022

WORK HISTORY

EMPLOYER <i>(start with current)</i>	POSITION HELD	FROM		TO		REASON FOR LEAVING
		MM	YY	MM	YY	
MRS MOLEPA	MANAGER	06	2022	PRESENT		
MR S RANKOANE	COORDINATOR	05	2022	2023		CONTRACT ENDED

REFERENCES

EMPLOYER	REFEREE <i>(someone you reported into)</i>	POSITION OF REFEREE	CONTACT NUMBER <i>(preferably landline or e-mail address)</i>
MRS MOLEPA	MRS SC HLUNGWANI	SUPERVISOR	073 966 7360
MR S RANKOANE	MR K MALATJI	MENTOR	072 197 9138

DECLARATION

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 Tshwane University of Technology. I accept that the information can be verified.

APPLICANT NAME CHRISTOPHER THABO RAMPORA SIGNATURE  DATE 05/02/2024

OFFICE USE

HRBP	HR MANAGER	HR ADMINISTRATORS	SYSTEMS MANAGER	REGISTRY
Name: _____	Name: _____	Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Stamp: _____	Stamp: _____	Stamp: _____	Stamp: _____	Stamp: _____