



## Employment Application Form

<p><b>WHAT IS THE PURPOSE OF THIS FORM</b></p> <p>To assist NGB in selecting a person for an advertised post.</p> <p>This form may be used to identify candidates to be interviewed. Since all applicants cannot be interviewed, you need to fill in this form completely, accurately and legibly. This will help to process your application fairly.</p> <p><b>WHO SHOULD COMPLETE THIS FORM</b></p> <p>Only persons wishing to apply for an advertised position in NGB.</p> <p><b>ADDITIONAL INFORMATION</b></p> <p>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.</p> <p><b>SPECIAL NOTES</b></p> <p>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.</p> <p>2 - Passport number in the case of non-South Africans.</p> <p>3 - This information is required to enable NGB to comply with the Employment Equity Act.</p> <p>4 - This information will only be taken into account if it directly relates to the requirements of the position.</p> <p>5 - Applicants must attach a CV.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <th colspan="5" style="text-align: left; padding: 5px;">A. 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**National Gambling Board**  
South Africa

a member of the dti group

D. LANGUAGE PROFICIENCY - state 'good', 'fair' or 'poor'						
	Languages (specified)					
Speak						
Read						
Write						

E. QUALIFICATIONS		
<i>Starting with Matric or Grade 12 (complete for each qualification completed)</i>		
Name of Institution	Name of Qualification	Year Obtained

F. WORK EXPERIENCE						
Employer (including current employer)	Post held	From		To		Reason for Leaving
		MM	YY	MM	YY	

G. REMUNERATION	
Current total package per annum	Expected total package per annum required
R	R

H. REFERENCES		
Name	Relationship to you	Tel. No. (office hours)

I. DECLARATION	
<i>I declare that all the information provided (including any attachments) 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 discharge if I am appointed.</i>	
Signature:	Date: