Republic of South Africa

forestry, fisheries & the environment
Department:
Forestry, Fisheries and the Environment
REPUBLIC OF SOUTH AFRICA

EXPANDED PUBLIC WORKS PROGRAMME

APPLICATION FOR EMPLOYMENT 2026

WORKING FOR FISHERIES PROGRAMME

WHAT IS THE PURPOSE OF THIS FORM

To Assist the Department of Forestry Fisheries and the Environment in selecting a person for an EPWP advertised post.

You need to fill in all sections of this form completely, accurately and legibly. This will help to process your application fairly.

SPECIAL NOTES

1. This information will only be taken into account if it directly relates to the requirements of the position.

2. 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.

3. 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.

A. THE ADVERTISED POST (All sections of this form are compulsory)

Position for which you are applying *(as advertised)*	Location (as stated in the advert)
Project under Working for fisheries Programme (as stated in the advert)	Residential Address Street:…… Town:…… City:…… Postal Code:……

B. PERSONAL INFORMATION[7]

Surname					
Names					
Date of Birth	DD/MM/YY	**Identity Number**			
Race	***African***	***White***	***Coloured***	***Indian***	***Other***

Gender	Female	Male
Do you have a disability, If yes attach proof	Yes	No
Are you a South African citizen?	Yes	No
Have you been convicted or found guilty of a criminal offence (including admission of guilt)? If yes (provide the details)	Yes	No
Do you have any criminal case pending against you? If yes, (provide the details)	Yes	No
Have you ever been dismissed for misconduct	Yes	No
If yes (provide the details)		
Do you have any disciplinary cases pending against you? If yes, (provide the details)	Yes	No
Have you resigned from a recent job pending any disciplinary proceeding against you? If yes (provide details)	Yes	No
Have you been discharged or retired on grounds of Ill-health or on condition that you cannot be re-employed?	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 details)	Yes	No
Will you adhere to the Basic Conditions of Employment Act 1997 (Code of Good Practice for Employment and Conditions of work for EPWP Ministerial Determination, and Labour Relations Act of 1995 (Code of Good Practice on Dismissal) ?	Yes	No

4 - Each application for employment form must be duly signed and initialed by the applicant. Failure to sign this form may lead to disqualification of the application during the selection process.

C. CONTACT DETAILS AND MEDIUM OF COMMUNICATIONS				
Preferred language for correspondence				
Method for correspondence	**Post**	**E-mail**	**Fax**	**Telephone**
Contact details (in terms of the above)				

D. SOUTH AFRICAN OFFICIAL LANGUAGE PROFICIENCY – state 'good', 'fair', or 'poor'					
	Languages (specify any other)				
	ENGLISH	AFRIKAANS	ISIXHOSA	ISIZULU	
Speak					
Write or read					

E. FORMAL QUALIFICATION[7] (from highest to the lowest)		
Name of School/Technical College/University	Name of qualification obtained/Grade completed at school	Year obtained
Fully Computer Literate: (Tick with x): Word ☐ Excel ☐ Email ☐		

F. WORK EXPERIENCE (Also attach a detailed CV)[6]						
Employer (including current employer)	Post held	From		To		Reason for leaving
		MM	YY	MM	YY	

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

H. DECLARATION OF RELATIONSHIP WITH DFFE EPWP APPLICANTS OR EMPLOYEES

Please indicate whether you have any relatives currently employed by the DFFE EPWP or aware of any relatives applying for DFFE EPWP posts ☐ Yes ☐ No

Nature of Relationship: _____

Name and Surname of person/s: _____

Do you live in the same household as person/s or not? ☐ Yes ☐ No

DECLARATION	
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 provided will result in my application being disqualified or disciplinary action taken against me if I am appointed:	
Signature	***Date:***

Initial…….