



## ZF Mgcawu

### Distrik Munisipaliteit / District Municipality

H/v Dr Mandela & Upington 26 Rylaan  
C/o Dr Mandela & Upington 26 Drive

Privaat Sak X6039 8800  
Private Bag X6039 8800

Tel/ Phone: 054 337 2800  
Faks/ Fax: 054 337 2888  
E-pos/e-mail: admin@zfm.gov.za

### AANSOEK OM 'N BETREKING / APPLICATION FOR EMPLOYMENT

Hierdie vorm moet in u eie handskrif voltooi en teruggestuur word na bogenoemde adres.  
This form must be completed in your own handwriting and returned to the above- mentioned address.

**ONVOLLEDIGE AANSOEKE SAL NIE OORWEEG WORD NIE.**  
**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

BETREKING VERLANG ..... SALARIS VERLANG .....  
EMPLOYMENT DESIRED: ..... SALARY REQUIRED .....

WANNEER KAN U DIENS AANVAAR? .....  
WHEN CAN YOU ASSUME DUTY? .....

#### PERSOONLIKE/ PERSONAL

VAN ..... GEBOORTEDATUM .....  
SURNAME: ..... DATE OF BIRTH: .....

VOORNAME ..... TITEL .....  
CHRISTIAN NAMES: ..... TITLE: .....

ID: ..... HUWELIKSTAAT .....  
MARITAL STATUS: .....

WOONADRES: ..... POSADRES: .....  
RESIDENTIAL ADDRESS: ..... POSTAL ADDRESS: .....

.....  
.....

KODE: ..... CODE: .....

TELEFOONNOMMER- HUIS: ..... WERK: .....  
TELEPHONE NUMBER- HOME: ..... WORK: .....

ANDER KONTAK NOMMER .....  
OTHER CONTACT NUMBER: .....

Het u aan enige geestelike of ernstige fisiese siektes gely?  
Have you suffered any mental or serious physical illness?

.....

Is u al ooit skuldig bevind aan `n kriminele oortreding?  
Have you ever been convicted of a criminal offence?

.....

Is u al ooit uit enige betrekking ontslaan?  
Have you ever been dismissed from any position?

.....

Vryetydbesteding (sport, stokperdjies ens.):  
Use of leisure (sport, hobbies, etc.)

.....

Naam en verwantskap van familielede in hierdie raad se diens:  
Names of relatives in the service of this council:

.....

Rede vir aansoek:

Reason for application: .....

**ADDISIONELE INLIGTING / ADDITIONAL INFORMATION**

Besit u `n skoon/ geldige bestuurslisensie?  
Have you a clean/ legal driving licence?

JA   
YES

NEE   
NO

Tipe lisensie:

Type of licence: .....

\*Die vereistes van die pos sal meld indien u in besit van `n bestuurderslisensie moet wees.  
The requirements will say whether a driving licence is needed for this post.

Was u voorheen in diens van die ZF Mgcawu Distrik Munisipaliteit?

Have you previously been employed by the ZF Mgcawu District Municipality?

JA   
YES

NEE   
NO

Indien ja, meld wanneer en posbenaming

If yes, please state when and job title .....

Taalvaardigheid

Language Proficiency Afrikaans ..... English ..... Ander/ Other .....

**BESONDERHEDE VAN EGGENOOT/ E:**

**DETAILS OF SPOUSE:**

NAAM:

NAME: .....

BEROEP:

OCCUPATION: .....

WERKGEWER:

EMPLOYER: .....

**HUIDIGE OF MEES ONLANGSE WERK**  
**CURRENT OR MOST RECENT EMPLOYMENT**

POS BENAMING.....

JOB TITLE.....

BEGIN DATUM

START DATE .....

TOT

TILL.....

HUIDIGE SALARIS

CURRENT SALARY.....

NAAM VAN WERKGEWER

NAME OF EMPLOYER.....

TEL NR

TEL NO.....

ADRES VAN WERKGEWER

ADDRESS OF EMPLOYER.....

PLIGTE EN VERANTWOORDELIKHEDE

DUTIES AND RESPONSIBILITIES.....

REDES VIR VERANDERING

REASON FOR CHANGE.....

**WERKSGESKIEDENIS/EMPLOYMENT HISTORY**

*Begin met die voorlaaste werk na huidige of mees onlangse werk*

*Please start with the most recent work after shown under current or most recent employment*

BEGIN DATUM

START DATE.....

TOT

TILL.....

WERKGEWER SE NAAM

EMPLOYER'S NAME.....

TEL NR

TEL NO.....

ADRES

ADDRESS.....

BETREKING BEKLEE

POSITION HELD.....

PLIGTE EN VERANTWOORDELIKHEDE

DUTIES AND RESPONSIBILITIES.....

REDE VIR BEËINDEGING

REASON FOR LEAVING.....





**PERSENEEL MONITERINGSINFORMASIE  
PERSONNEL, MONITORING INFORMATION**

*Die ZF Mgcawu Distrik Munisipaliteit benodig die verdere inligting in terme van die Wet op Diensbillikheid. Die informasie wat u verskaf word as streng vertroulik hanteer en word slegs vir statistiese monitoring gebruik. Indien u nie hierdie gedeelte voltooi nie kan u aansoek nie verwerk word nie.*

*The ZF Mgcawu District Municipality requires the following information fir the provisions of the Employment equity Act. The information you provide will be treated in the treated in the strictest confidence and will be used only for statistical monitoring. We are unable to process applications from candidates who do not complete this section.*

(Merk die toepaslike blokkie)  
(Please tic the appropriate box)

Vroulik  
Female

Manlik  
Male

Etniese oorsprong  
Etnic Origin

Swart  
African

Nie- blank  
Coloured

Indiër  
Indian

Blank  
White

Ander  
Other .....

Ag u uself as gestremd?  
Do you consider yourself disabled?  JA  
YES

NEE  
NO

Indien ja, meld die aard van u gestremdheid.  
If yes, please state the nature of your disability: .....

Waar het u die advertensie gesien/ hoe het u van die pos te hore gekom?  
Where did you see the post advertised/ how did you hear of the vacancy? .....

**VERWYSINGS/ REFERENCES**

Eksterne aansoekers: As u gekeur word vir u onderhoud sal ons graag u referente wil kontak. U moet die naam van die person meld aan wie u verantwoording doen of gedoen het.

External applicants: If you are selected for an interview we will wish to take up references. You should give the name of your line Manager in your present or most recent employment.

Interne aansoeker: Indien u gekeur word vir `n onderhoud versoek ons `n verwysing van u Toesighouer.  
Internal Application: If you are selected for an interview we will seek a reference from your Supervisor.

1. Naam Posbenaming  
Name: ..... Position Held: .....

Organisasie  
Organisation: .....

Adres  
Address: .....

Tel nr.  
Tel no. ....

