



**Private Bag X03**

**Lady Grey**

**9755**

**Tel: 051- 603 1330**

**Fax: 051- 603 0445**

## APPLICATION FOR EMPLOYMENT

### DIRECTIONS:

- (a) Complete form in own handwriting with a black pen
- (b) Mark the appropriate block with an X
- (c) Original certificates and other documents must be submitted with this application. Attach certified copies only.
- (d) All questions must be answered in full.

Position for which you are applying (as advertised)

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### A. PERSONAL PARTICULARS

Dr.		Mr.		Mrs.		Miss.		Other/Specify	
Surname					Maiden Name				
First Name (in full)									

Date of Birth					Identity Number														
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Home Language: ..... Number of Dependants: .....

Race	AFRICAN	COLOURED	WHITE	INDIAN	FOREIGN NATIONALS
Marital Status	Single	Married	Divorced	Widower	Widow

<p>Permanent Postal Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Code:</p> <p>_____</p> <p>Telephone Number:</p> <p>Home (    ) -----</p> <p>Fax: (    ) _____</p> <p>Work (    ) _____</p> <p>Cell (    ) _____</p>	<p>Residential Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Code:</p> <p>_____</p> <p>Other means of contact if no telephone:</p> <p>_____</p> <p>_____</p>
<p>E- mail address: -----</p>	

**B. LANGUAGE PROCIENCY: STATE – “GOOD” , “FAIR” OR “POOR”**

LANGUAGE	READ	SPEAK	WRITE

**C. SCHOOL**

Highest Standard Obtained	Year	Academic	Technical	Commence	Practical

Name of School: \_\_\_\_\_

Place: \_\_\_\_\_

<p>Subjects Passed:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p>	<p>8. _____</p> <p>9. _____</p> <p>10. _____</p>
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**TERTIARY EDUCATION**

Name of Institution	Period attended		Qualification
	From	To	
Subjects passed ( Highest Level)			
1. _____		6. _____	
2. _____		7. _____	
3. _____		8. _____	
4. _____		9. _____	
5. _____		10. _____	

**APPRENTICESHIP**

Trade qualified in	_____	Date	_____
Name of Company where apprenticeship was completed:		_____	

**FURTHER STUDIES**

Are you studying at the moment or do you intend to?

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Particulars: \_\_\_\_\_

**OTHER TRAININGS**

Any other training not yet listed:

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Membership of Institute, Association:

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**D. DRIVERS LICENCES**

Light Vehicle	Heavy Vehicle	Extra Heavy Vehicle	Motorcycle Over 50 cc	Specify: _____
Date Issued: _____				

**E. EXPERIENCE**

PRESENT AND PREVIOUS POSITIONS HELD (START WITH THE LATEST)

Name and Address	Position Held	Immediate Supervisor	Period of Service	Wages/ Salary per	Reason for termination of Service
1.				R	
2.				R	
3.					
4.					

Are you employed at present? \_\_\_\_\_ If no, state period of unemployment: \_\_\_\_\_

Earliest date on which duties can be commenced? \_\_\_\_\_ Gross Salary required: \_\_\_\_\_/year

Do you have any contractual obligations towards your present employer? If so, thus particulars:

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**F. REFERENCES**

Name two (2) persons at your previous employers to whom confidential reference may be made concerning your application:

Name	Address and Telephone Number	Occupation
1.		
2.		

**MARKS WITH AN X IN THE RELEVANT BLOCKS**

- (a) Have you ever been dismissed from employment? Yes \_\_\_\_\_ No \_\_\_\_\_
- (b) Is there any criminal case pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_
- (c) Is there any disciplinary case pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_
- (d) Do you have any Disability? Yes \_\_\_\_\_ No \_\_\_\_\_
- (e) Any other information you would like to declare?

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**H. FOR INFORMATION**

- (a) If any applicant is invited to an interview at the expense of the Municipality and such applicant, being offered the position, does not accept the appointment, the Municipality will not reimburse the applicant with the travelling and substance costs.
- (b) Any person canvassing with a view to being appointed to a post in the Municipality's service shall not be considered for an appointment.

**I. DECLARATION**

I declare that the above particulars are to the best of my knowledge true and understand and accept that if I am appointed, my appointment will be subject to the Conditions of Service and Policy of the Municipality and any applicable legislation.

<i>YY</i>	<i>MM</i>	<i>DD</i>

Signature of Applicant: \_\_\_\_\_