



DR BEYERS NAUDE MUNICIPALITY/MUNISIPALITEIT

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APPLICATION FOR EMPLOYMENT

WHAT IS THE PURPOSE OF THIS FORM

To assist the Human Resources Department in selecting a person for an advertised post.

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.

WHO SHOULD COMPLETE THIS FORM

Only persons wishing to apply for an advertised position in the Camdeboo Municipality.

ADDITIONAL INFORMATION

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.

SPECIAL NOTES

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.
2. Passport number in the case of non-South-Africans.
3. This information is required to enable council to comply with the Employment Equity Act, 1998.
4. This information will only be taken into account if it directly relates to the requirements of the position.
5. Applicants with substantial qualifications or work experience must attach a CV.

A. THE ADVERTISED POST

Position for which you are applying (as advertised)	Department where the position was advertised
Notice number (as stated in the advert)	If you are offered the position, when can you start OR how much notice must you serve with your current employer?

B. PERSONAL INFORMATION

Surname				
First Names				
Date of Birth				
ID Number				
Race	African	White	Coloured	Indian
Gender			Female	Male
Do you have a disability?			Yes	No
Are you a South African Citizen?			Yes	No
If no, what is your Nationality				
And do you have a valid work Permit?			Yes	No
Have you ever been convicted of a criminal offence or been dismissed from employment?			Yes	No
If your profession or occupation requires State or official registration, provide date and particulars of registration.				
Drivers Licence Code:				

C: HOW DO WE CONTACT YOU?

Preferred language for correspondence?				
Telephone number during office hours				
Preferred method for correspondence		Post	E-mail	Fax
Correspondence contact details (in terms of above)				

D. LANGUAGE PROFICIENCY - State "good", "fair" or "poor"

	Languages (specified)			
Speak				
Read				
Write				

E. QUALIFICATIONS (Please ignore if you have attached a CV with these details)

Name of School/Technical College	Highest qualification obtained	Year obtained
Tertiary education (complete for each qualification you obtained)		
Name of institution	Name of qualification	Year obtained
Current study (institution and qualification:)		

NB: Certified copies of qualifications must be attached to the application.

F: WORK EXPERIENCE (Please ignore if you have attached a CV with these details)

Employer (including current employer)	Post held	From		To		Reason for leaving	
		MM	YY	MM	YY		
If you were previously employed in the Local Authority, indicate whether any conditions exist that prevents your re-appointment.						Yes	No
If yes, provide the name of the previous employing department.							

G. REFERENCES (please ignore if you have attached a CV with these details)

Name	Relationship to you	Tel. no. (office hours)

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 supplied could lead to my application being disqualified or I may be discharged if I am appointed.

Signature: _____ Date: _____