



# STEVE TSHWETE LOCAL MUNICIPALITY

ADDRESS TO:  
THE MUNICIPAL MANAGER  
FOR ATTENTION: HUMAN RESOURCE MANAGEMENT SERVICES  
P O BOX 14  
MIDDELBURG  
1050

TEL: (013) 249 6981 or 249 7021 or 249 7229  
web: [www.stlm.gov.za](http://www.stlm.gov.za)

## APPLICATION FOR EMPLOYMENT CONFIDENTIAL

**Please note:**

- The purpose of this form is to assist a municipality in selecting candidates for an advertised post.
- This form must be completed in full, accurately and legibly. All substantial information relevant to a candidate must be provided in this form. Any additional information may be provided on the CV.
- NO ORIGINAL certificates should be attached to this form, but certified copies thereof must be attached.
- Shortlisted candidates may be requested to furnish additional information that will assist the municipality to expedite recruitment & selection processes
- Only applications for advertised vacancies with reference numbers will be accepted.
- A separate application form should be completed for each post you apply for
- All information received will be treated with strictly confidentiality and will not be used for any other purpose than to assess the suitability of the applicant
- This form is designed to assist municipality with the recruitment, selection and appointment of staff members in terms of the Municipal Systems Act, 2000 (Act no.32 of 2000)

Advertised position: .....	Ref. No. : .....
Salary scale advertised: R.....	
Are you prepared to accept appointment on minimum notch of scale (yes) <input type="checkbox"/> (no) <input type="checkbox"/>	
If no, indicate notch required : R..... Earliest date on which duty can be assumed : .....	

INTERNAL EMPLOYEES	Pay number: .....	Current position: .....
Employment status (indicate ✓)	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/> Contract <input type="checkbox"/>

**A. PERSONAL PARTICULARS**

Surname:	ID no:
First Names:	Known as:
Married <input type="checkbox"/>	Single <input type="checkbox"/> Are you a South African citizen? Yes or No: ..... If No, what is your nationality.....
If you are not a South African, do you have a valid work permit? Yes or No	
Postal Address:	Postal code:
Residential Address:	Postal code:
Telephone numbers: Home: .....	Work: ..... Cell: .....
Email address: .....	
Kindly furnish the name of an alternate contact person in the event of you not being available at the above telephone number:	
Name: .....	Telephone no.: .....

**B. EMPLOYMENT EQUITY MONITORING INFORMATION**

Race: Please indicate with ✓	African	Coloured	Indian	White
Gender: Please indicate with ✓	Male		Female	
Do you have Disability? Yes or No If Yes please provide details				
.....				

**C. SECONDARY & TERTIARY QUALIFICATIONS**

Name of School		Town:	Province:
Highest Std/Grade Passed		Date obtained	

Name of Tertiary Institution(s)		
Qualification obtained:		
Date obtained:		
Subjects passed:	MAJOR	OTHERS

**IF YOU ARE STUDYING AT PRESENT, GIVE FULL DETAILS:**

.....

.....

**APPRENTICESHIP / LEARNERSHIP / OTHER**

Trade: ..... Qualified Unqualified Please indicate with ✓

Name of Institution: ..... Registration date: .....

Other qualifications obtained: .....

Are you a member of a professional association? Yes No If Yes please provide details:.....

.....

**D. RECOGNITION OF PRIOR LEARNING**

**State clearly any relevant knowledge and skills obtained that can be linked to the requirements as advertised.**

Knowledge of: ..... .....	Skilled in: (e.g. computers, supervision) ..... .....
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**E. GENERAL**

Language proficiency Please indicate with ✓	English			Other:			Other:		
	Good	Fair	Weak	Good	Fair	Weak	Good	Fair	Weak
Write									
Read									
Speak									
Understand only									

Are you in possession of a driver's licence? **Yes / No** Date issued: ..... Type: .....

Are you in possession of a PDP licence? **Yes / No** Date issued: ..... Expiry Date: .....

**F. DISCIPLINARY AND CRIMINAL RECORD (COMPULSORY)**

Have you ever been convicted of a criminal offence in a court of law during the past 10 years? **Yes / No** If Yes, state the type of criminal Act  
 ..... Date criminal case finalised.....Outcome/judgment:.....

Have you been dismissed for misconduct during the past 10 years? **Yes / No** If yes, Name of Employer..... Type of  
 misconduct/transgression..... Date of Resignation /Disciplinary case finalised.....

Did you resign from your job pending finalisation of the disciplinary proceedings? **Yes / No**. If yes, provide details on a separate sheet

**G. WORKING EXPERIENCE / EMPLOYMENT RECORD**

Are you presently employed? Please indicate with ✓ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 20px;">Yes</td> <td style="width: 30px; height: 20px;">No</td> </tr> </table>				Yes	No
Yes	No				
Current / Last Employer	Position held	Nature of duties	Period of service		
Name: ..... Address: ..... ..... Tel. No.: .....	..... ..... .....	..... ..... .....	From: ..... To: ..... Reason for change/leaving: ..... .....		
Previous Employer(s)	Position held	Nature of duties	Period of service		
Name: ..... Address: ..... ..... Tel. No.: .....	..... ..... .....	..... ..... .....	From: ..... To: ..... Reason for change/leaving: ..... .....		
Name: ..... Address: ..... ..... Tel. No.: .....	..... ..... .....	..... ..... .....	From: ..... To: ..... Reason for change/leaving: ..... .....		
Name: ..... Address: ..... ..... Tel. No.: .....	..... ..... .....	..... ..... .....	From: ..... To: ..... Reason for change/leaving: ..... .....		

**H. REFERENCES**

I hereby declare that all information provided in this application and any attachments in support thereof is to the best of my knowledge true and correct. I understand that any misrepresentation or failure to disclose any information may lead to my disqualification or termination of my employment contract, if appointed.

I hereby give permission to the Steve Tshwete Local Municipality to contact any person at my current or previous employer(s) and/or relevant institution to obtain a detailed reference regarding my general conduct, work performance-history, behaviour etc. With the exception of the following, who must not be contacted:

Reason: \_\_\_\_\_

I also give consent that this information together with any relevant information like findings by a medical practitioner, criminal record and any other relevant information be made available to Steve Tshwete Local Municipality.

The following people may be contacted for reference purposes:

Name : Initials & Surname	Position	Institution	Contact numbers
1.			
2.			
3.			

**I. DECLARATION**

I hereby confirm that the following people who are involved in the activities of the Steve Tshwete Local Municipality either as a Councillor or an official, are related to me.

NONE:

<u>NAME &amp; SURNAME</u>	<u>RELATIONSHIP</u>	<u>POSITION OR DESIGNATION</u>	<u>DEPARTMENT</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

SIGNATURE: .....

DATE: .....

**NB :** Please initial each page in the right hand bottom corner and sign next to each correction made by you on this form.