



MODIMOLLE-MOOKGOPHONG LOCAL MUNICIPALITY

E-mail: [record](mailto:record@modimolle.gov.za)
 Website: www.modimolle.gov.za

O R Tambo Square, Harry Gwala Street, MODIMOLLE
 X 1008, MODIMOLLE, 0510
 014 718 2000
 014 717 4077

Cnr Mandela & Sixt Street, MOOKGOPONG, 0560
 X234, MOOKGOPONG, 0560
 (014) 743-6600
 (014) 743-2434

Application for employment

A. THE ADVERTISED POST

Position for which you are applying? (as advertised)	Department where the position is advertised?
Reference number? (as stated in the advertisement)	If you are offered the position, <u>when can you start</u> OR how much notice must you serve with your current employer?

B. PERSONAL INFORMATION (Please ignore if you have attached a CV with ALL the following information)

Surname																			
First names																			
Date of birth																			
Identity number																			
Race		<i>African</i>				<i>White</i>				<i>Coloured</i>				<i>Indian</i>					
Gender		<i>Female</i>				<i>Male</i>				Do you have a disability?		YES				NO			
If yes, state briefly the state of disability (This information is required to assist the Municipality to comply with the Employment Equity Act of 1998)																			
Are you a South African citizen		Yes				No				If "No", what is your nationality?									
Have you been convicted of a criminal offence or been dismissed from employment?		Yes				No													
If your profession or occupation requires State of Official Registration, provide date and particulars of registration.																			
Are you in possession of a valid drivers licence? If "Yes" - what code?																			
Are any of your relatives or acquaintances employed by the municipality? If yes, state name, department and relationship.																			

C. HOW DO WE CONTACT YOU?

Preferred language for correspondence?																			
Telephone number during office hours?																			
Preferred method for correspondence		<i>Post</i>				<i>E-mail</i>				<i>Fax</i>									
Postal Address:																			

CONFIDENTIAL WHEN COMPLETE

Residential Address:	
E-mail Address	

D. LANGUAGE PROFICIENCY? (State "good", "fair" or "poor")						
Language						
Speak						
Read						
Write						

E. QUALIFICATIONS (Please ignore E, F & G if you have attached a CV with these details)		
SECONDARY EDUCATION:		
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?

F. WORK EXPERIENCE							
Employer (including current employer)	Post held	From		To		Reason for leaving	
		MM	YY	MM	YY		
If you were previously employed by the Local Authority, indicate whether any condition exists that prevent your re-appointment.						Yes	No
If yes, provide the name of the previous employing department.							

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

H. DECLARATION	
I declare that all the information provided (including 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 my discharge if I am appointed.	
SIGNATURE:	DATE:

NOTE: Please do not attach original certificates, only certified copies.