



DR PIXLEY KA ISAKA SEME LOCAL MUNICIPALITY

APPLICATION FORM

1. This form to be completed in ink by the applicant in his/her own handwriting.
2. Any false statement will render a successful candidate liable to instant dismissal.
3. Proof of canvassing shall disqualify a candidate.
4. Certified copies of certificates must accompany this application form.
5. Attach together with this application form, your CV.
6. Applications to be addressed to: The Municipal Manager, Private Bag X9011, Volksrust, 2470.

VACANT POST	
DEPARTMENT	

PERSONAL DETAILS	
Surname (in block letters)	
Full names	
Age	
Postal Address	
Residential Address	
Telephone	(W) (H)
Identity Number	
Marital Status (Mark with an X)	Single Married Widower/Widow Divorced
Number of children	
Name of any family member in Council's Service	
What driver's licence do you possess?	
State condition of health	
Sick leave taken last 3 years	
Any physical or mental disability or disease	

SCHOOL QUALIFICATIONS	
N.B. Proof must accompany this application form	
School attended	
Highest standard passed	
Year	

AFTER SCHOOL STUDIES	
Proof must accompany this application form	
University/institution/College attended	
Qualifications obtained	
Which year completed?	
Any other course attended?	

APPRENTICESHIP	
Trade	
Period	
Employer (where you were an Apprentice)	

PRESENT EXPERIENCE	
Present Employment	
Name and address of Employer	
Period of Employment	
Reason for termination of service	since
Present Salary (per month)	

PREVIOUS EXPERIENCE
(Municipal experience included)

Further details can be attached on a separate page

Employer	
Position held	
Period	Since to
Reason for termination of service	

Employer	
Position held	
Period	Since to
Reason for termination of service	

Employer	
Position held	
Period	Since to
Reason for termination of service	

Employer	
Position held	
Period	Since to
Reason for termination of service	

COMPULSORY

Have you ever been convicted of a criminal offence?	
Have you ever been dismissed from previous employment? If so, give particulars.	
Do you own a motor car?	
If so, would you be prepared to use such car for official purposes against remuneration on kilometres travelled?	
In which newspaper did you read the advertisement?	
State earliest date upon which duties can be assumed, if appointed.	

I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION FORM ARE TRUE, THAT THE FORM WAS COMPLETED BY MYSELF IN MY OWN HANDWRITING AND I ACKNOWLEDGE THAT FALSE INFORMATION CAN LEAD TO THE DISQUALIFICATION OF MY APPLICATION AND THAT I HAVE STUDIED THE CONTENTS OF THE DUTY SHEET OF THE POSITION I AM APPLYING FOR AND UNDERSTAND IT. I FURTHER CONSENT THAT COUNCIL MAY DO REFERENCE AND SECURITY CHECKS ON ME SHOULD I BE SHORT-LISTED FOR THE POSITION.

SIGNATURE OF APPLICANT	DATE
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Original or certified copies of proof of qualifications must be stated in this column and copies thereof must accompany this application form. If proof is not submitted, your application will be disregarded.
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

FOR OFFICIAL USE ONLY
Application form received on: by:
Application form received and completed?
Proof of qualifications as indicated in form, attached?

APPLICATION FORM – 13/2006 (4) – Rev.1