

58 Chris Hani Drive, Bela-Bela, 0480 Private Bag X 1609, Bela-Bela, 0480 Tel: (014) 736 8000 Fax: (014) 736 3288

APPLICATION FORM FOR EMPLOYMENT

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist Bela-Bela Local Municipality in selecting suitable candidates for an advertised post.
- 2. 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.
- 3. Candidates shortlisted for interviews may be requested to furnish additional information that will assist Bela-Bela Local Municipality to expedite recruitment and selection processes.
- 4. 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.

A. DETAILS OF THE ADVERTISED POST (as reflected in the advert)				
Position for which you are				
applying (as advertised)				
Notice Number				
Department where the				
position was advertised				
If you were offered the				
position, when can you start				
OR how much notice must				
you serve with your current				
employer				
B. PERSONAL DETAILS				
Surname				
First Names				
ID or Passport Number				
Race	African	Coloured	Indian	White
Gender			Female	Male

Do you have a disability?			Yes			No				
If yes, elaborate						1				
Are a South African citizen?				Yes		No				
If no, what is your										
Nationality?										
Work Permit Number (if any): Do you hold a professional mer	horshin with any profession		lu2 If yos pr	ovido inform	nation					
below	indership with any profession		iy: ii yes, più		nation	No				
Yes						110				
Professional Body:	Membership Number:			Expiry dat	e:					
C. CONTACT DETAILS	· · ·			. ,						
Preferred language for										
correspondence?										
Telephone number during										
office hours Residential Address								1		1
Residential Address										
Postal Address										
Preferred method for		1								
correspondence (Mark with	Post	F-m	ail		Fax					
an X)	Post E-mail Fax			Tux						
Email Address										
D. QUALIFICATIONS(Addition	al information may be provid	led or	vour CV)							
Name of School / Technical	Highest Qualification Obtai		Year Obtai	ned						
College										
Name of Institution	Name of Qualification		NQF Level		Year	. Obta	ain	-h		
					real	0.511		cu		

E. WORK EXPERIENCE (Additional information may be provided on your CV)						
Employer (starting with the	Position	From		То		Reason for leaving
most recent)		MM	YY	MM	YY	
If you were previously employe	d in Local Government	, indicate	e Yes		No	
whether any condition exists th	at prevents your re-em	ploymer	nt:			
If yes, provide the name of						
the previous employing						
municipality:						

F. CRIMINAL RECORD			
Have you ever been convicted of a	Yes	No	
criminal offence or been dismissed			
form employment.			

G. REFERENCE				
Name of Referee	Relationship	Tel (office hours)	Cellphone Number	Email

H. DECLARATION				
I hereby declare that all the 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.				
ignature: Date:				