

EXTERNAL APPLICATION FORM

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist the municipality in selecting 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. 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

| COM | PLETE THIS FORM | | | | | | | | |
|---------|---|----------|--|--|--|--|--|--|--|
| POSI | ITION APPLIED FOR: | | | | | | | | |
| DEP | ARTMENT: | | | | | | | | |
| A. | PERSONAL PARTICULARS: | | | | | | | | |
| 1. | Tittle and Surname (Mr. / Ms.): First names: | | | | | | | | |
| 2. | Postal Address: Code: | .ddress: | | | | | | | |
| 3. | Residential Address : | | | | | | | | |
| 4. | Telephone: (Home): (Work): (Cellphone): | | | | | | | | |
| 5. | Identity Number: | | | | | | | | |
| 6. | Email Address: | | | | | | | | |
| 7. | Race: (Tick Appropriate Box) AFRICAN COLOURED INDIAN WHITE | | | | | | | | |
| 8. | Gender: MALE FEMALE | | | | | | | | |
| B. | SCHOOL EDUCATION: | | | | | | | | |
| 1. | Name of School : | | | | | | | | |
| | Highest Standard: Year Passed: | | | | | | | | |
| | #PLEASE ATTACH A COPY OF HIGHEST STANDARD CERTIFICATE TO APPLICATION. | | | | | | | | |
| C. | TERTIARY QUALIFICATION: | | | | | | | | |
| 1. | Name of Institution: Year obtained: | | | | | | | | |
| | Highest Degree/ Diploma/ Certificate obtained: | | | | | | | | |
| | #PLEASE ATTACH COPY OF DEGREE / DIPLOMA/CERTIFICATE TO APPLICATION | | | | | | | | |
| D. | LANGUAGE PROFICIENCY: | | | | | | | | |
| 1. | English: Speak: Other: Speak: | | | | | | | | |
| Preferr | Read: Read: | | | | | | | | |

| Additional Information may be attached. Name of Employer From To Job title at Reason for Employment Resignation Termination | Ξ. | PRES | PRESENT EMPLOYER | | | | | | | | |
|---|------------|--------------------------------------|--|-------------------|---------------|---------------------|-------------|----------|--|--|--|
| PREVIOUS EMPLOYMENT Additional Information may be attached. Name of Employer From To Job title at Reason for Termination Employment Resignation Termination WORK REFERENCES (Indicate with *if may be contacted) WORK REFERENCES (Indicate with *if may be contacted) No. Name Address Tel Occupation 1. 2. 3. 4. GENERAL 1. Do you have any criminal record? 2. Please provide particulars if you have been found guilty of any criminal offence: Certify that the above particulars are to the best of my knowledge true and correct SIGNATURE. DATE: GENERAL | | Name | Name of Employer : | | | | | | | | |
| Name and Title of Direct Supervisor: | | Addres | Address of Employer:: | | | | | | | | |
| Giver brief description of your duties: PREVIOUS EMPLOYMENT Additional Information may be attached. Name of Employer From To Job title at Resignation Termination Employment Resignation Termination WORK REFERENCES (Indicate with *if may be contacted) No. Name Address Tel Occupation 1. | | Preser | Present Position Held:Tel: | | | | | | | | |
| PREVIOUS EMPLOYMENT Additional Information may be attached. Name of Employer From To Job title at Employment Resignation Termination WORK REFERENCES (Indicate with *if may be contacted) No. Name Address Tel Occupation 1. 2. 3. 4. Do you have any criminal record? Please provide particulars if you have been found guilty of any criminal offence: 3. Please indicate if you have any disability: Please specify. I certify that the above particulars are to the best of my knowledge true and correct SIGNATURE. DATE: ##ALLURE TO ATTACH REQUIRED DOCUMENTS WILL RESULT IN YOUR APPLICATION BEING DISQUALIFIED DECLARATION I, hereby declare that all the information provided in this application form and my attachments in support thereof is to the best of my knowledge true and correct. I understand that any misinterpretation or failure to disclose any information may lead to my disqualification or termination my employment contract if appointed. | | Name and Title of Direct Supervisor: | | | | | | | | | |
| Additional Information may be attached. Name of Employer From To Job title at Employment Resignation Termination WORK REFERENCES (Indicate with *if may be contacted) No. Name Address Tel Occupation 1. 2. 3. 4. Do you have any criminal record? VES NO Please provide particulars if you have been found guilty of any criminal offence: I certify that the above particulars are to the best of my knowledge true and correct SIGNATURE DATE: # FAILURE TO ATTACH REQUIRED DOCUMENTS WILL RESULT IN YOUR APPLICATION BEING DISQUALIFIED DECLARATION I, hereby declare that all the information provided in this application form and my attachments in support thereof is to the best of my knowled true and correct. I understand that any misinterpretation or failure to disclose any information may lead to my disqualification or termination my employment contract if appointed. | i. | Giver b | Giver brief description of your duties: | | | | | | | | |
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| Name of Employer From To Job title at Employment Resignation Termination WORK REFERENCES (Indicate with *if may be contacted) No. Name Address Tel Occupation 1. 2. 3. 4. | F. | PREV | PREVIOUS EMPLOYMENT | | | | | | | | |
| WORK REFERENCES (Indicate with *if may be contacted) No. Name Address Tel Occupation 1. 2. 3. 4. GENERAL 1. Do you have any criminal record? VES NO. Please provide particulars if you have been found guilty of any criminal offence: 1. Certify that the above particulars are to the best of my knowledge true and correct SIGNATURE. DATE: # FALLURE TO ATTACH REQUIRED DOCUMENTS WILL RESULT IN YOUR APPLICATION BEING DISQUALIFIED DECLARATION I, hereby declare that all the information provided in this application form and my attachments in support thereof is to the best of my knowledge true and correct. I understand that any misinterpretation or failure to disclose any information may lead to my disqualification or termination my employment contract if appointed. | - | | | | | | | | | | |
| No. Name Address Tel Occupation 1. | | Name of Employer | | From | То | | | | | | |
| No. Name Address Tel Occupation 1. | | | | | | | | | | | |
| No. Name Address Tel Occupation 1. | | | | | | | | | | | |
| No. Name Address Tel Occupation 1. | 3. | WOR | V DEEEDEN | CES (Indicate | with *if ma | ay be contected) | | | | | |
| 1. 2. 3. 4. GENERAL 1. Do you have any criminal record? Please provide particulars if you have been found guilty of any criminal offence: 3. Please indicate if you have any disability: Please specify. I certify that the above particulars are to the best of my knowledge true and correct SIGNATURE. DATE: #FAILURE TO ATTACH REQUIRED DOCUMENTS WILL RESULT IN YOUR APPLICATION BEING DISQUALIFIED DECLARATION I, hereby declare that all the information provided in this application form and my attachments in support thereof is to the best of my knowled true and correct. I understand that any misinterpretation or failure to disclose any information may lead to my disqualification or termination my employment contract if appointed. |) . | | | | | | | | | | |
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| 3. Please indicate if you have any disability: Please specify | 1. | Do you | Do you have any criminal record? NO NO | | | | | | | | |
| 3. Please indicate if you have any disability: Please specify | 2. | Please | Please provide particulars if you have been found guilty of any criminal offence: | | | | | | | | |
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| Please specify | | | | | | | | | | | |
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| true and correct. I understand that any misinterpretation or failure to disclose any information may lead to my disqualification or termination my employment contract if appointed. | | DECLA | DECLARATION | | | | | | | | |
| Signature: Date: | | true and | I, hereby declare that all the information provided in this application form and my attachments in support thereof is to the best of my knowledge true and correct. I understand that any misinterpretation or failure to disclose any information may lead to my disqualification or termination of my employment contract if appointed. | | | | | | | | |
| | | Signatu | 'e: | | Date: | | | | | | |