



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

COMPLETE THIS FORM

POSITION APPLIED FOR:

DEPARTMENT:

A. PERSONAL PARTICULARS:

1. Title and Surname (Mr. / Ms.):..... First names:.....
2. Postal Address:..... Code:.....
3. Residential Address :
4. Telephone: (Home):..... (Work): (Cellphone):
5. Identity Number:..... Driver's License Code(s):.....
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: NQF level:

#PLEASE ATTACH COPY OF DEGREE / DIPLOMA/CERTIFICATE TO APPLICATION

D. LANGUAGE PROFICIENCY:

1. English: Speak: Other:..... Speak:
Write: Write:
Read: Read:

Preferred method for correspondence: **SMS OR EMAIL**

E. PRESENT EMPLOYER

1. Name of Employer :.....
2. Address of Employer:.....
3. Present Position Held:..... Tel:.....
4. Name and Title of Direct Supervisor:..... Commencement Date:.....
5. Giver brief description of your duties:

F. PREVIOUS EMPLOYMENT

1. Additional Information may be attached.

| Name of Employer | From | To | Job title at Employment | Job title at Resignation | Reason for Termination |
|------------------|------|----|-------------------------|--------------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

G. WORK REFERENCES (Indicate with *if may be contacted)

| No. | Name | Address | Tel | Occupation |
|-----|------|---------|-----|------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

H. GENERAL

1. Do you have any criminal record? YES NO

2. Please provide particulars if you have been found guilty of any criminal offence:

3. Please indicate if you have any disability: YES NO

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 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.

Signature:..... Date: