



APPLICATION FORM FOR EMPLOYMENT (KDM 01)

ADDRESS TO: THE MUNICIPAL MANAGER
 FOR ATTENTION: HUMAN RESOURCES SECTION (Post Tittle)
 P. O. BOX 72
 KWADUKUZA
 4450

Please note:

- A separate application form should be completed for each post you apply for
- Incomplete or incorrect information could disqualify an applicant
- Canvassing for appointment will disqualify an applicant
- NO ORIGINAL certificates or CV's should be attached to this form, but certified copies of qualifications, Identity Document and proof of residential address must be attached.
- The Hand delivered applications must handed to the HR office: **first floor OK Mall Building**, Chief Albert Luthuli Street, KwaDukuza
- Should you not be contacted within 3 months after the closing date you should regard this application as unsuccessful.
- Council reserves the right not to appoint.
- Only applications for advertised vacancies with reference numbers will be accepted.

Advertised position: **Ref. No. :**

Salary scale advertised R..... /R..... /R.....

Are you prepared to accept appointment on minimum notch of scale (yes) (no)

If no, indicate notch required: R..... Earliest date on which duty can be assumed:

INTERNAL EMPLOYEES Pay number: **Current position:**

Employment status (Indicate with an X) Permanent Temporary Contract

A. PERSONAL PARTICULARS

Surname:		ID no:																		
First Names:											Known as									

Marital Status: Married Divorced Widow Single

Postal Address:

..... **Postal code:**

Residential Address:.....

..... **Postal code:**

Telephone numbers: Home: **Work:** **Cell:**.....

Kindly furnish the name of an alternate contact person in the event of you not being available at the above telephone number:

Name: **Telephone no.:**.....

Are you a South African citizen? Please indicate with X YES NO

B. EMPLOYMENT EQUITY MONITORING INFORMATION

Race: Please Indicate X	African		Coloured		Indian		White	
Gender : Please Indicate X			Male				Female	

Have you ever been medically boarded: NO YES If yes please provide details of your Medical Boarding and the current Health recovery status post boarding (ATTACH DOCTOR'S PROOF)

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Disability: Please provide details of the nature of physical disabilities and/or any other:

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C. SECONDARY & TERTIARY QUALIFICATIONS

Name of School			
Highest STD/Grade Passed		Date Obtained	

Name of Tertiary Institution(s)	Qualification Obtained	Date Obtained

IF YOU ARE STUDYING AT PRESENT, GIVE FULL DETAILS:

Other qualifications obtained: _____

Are you a member of a professional association? (Please indicate with an X) Yes ; No Please provide details: _____

Additional courses/Certificates attended: _____

State clearly any relevant knowledge and skills obtained that can be linked to the requirements as advertised

Knowledge of: _____ _____ _____ _____	Skilled in: (e.g. computers, supervision) _____ _____ _____ _____
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D. GENERAL

Language Proficiency (Please indicate with an X)	English			IsiZulu			Other		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
Write									
Read									
Speak									
Understand only									

Are you in possession of a driver's licence? Yes ; No Date issued: _____ . Type: _____

If endorsed, specify: _____

Are you in possession of a PrDP licence? Yes / No Date issued : _____ Expiry Date: _____

Have you ever been convicted of a criminal offence, which may impact on the post you are applying for? Yes No :

E. WORK EXPERIENCE / EMPLOYMENT RECORD

Are you presently employed (Please indicate with an X) Yes No

Current/Last Employment	Position Held	Nature of Duties	Period of Service
Name: _____ Address: _____ _____ Tel. No.: _____	_____ _____ _____ _____	_____ _____ _____ _____	From: _____ To: _____ Reason for leaving: _____ _____
Previous Employer	Position Held	Nature of Duties	Period of Service
Name: _____ Address: _____ _____ Tel. No.: _____	_____ _____ _____ _____	_____ _____ _____ _____	From: _____ To: _____ Reason for leaving: _____ _____
Previous Employer	Position Held	Nature of Duties	Period of Service
Name: _____ Address: _____ _____ Tel. No.: _____	_____ _____ _____ _____	_____ _____ _____ _____	From: _____ To: _____ Reason for leaving: _____ _____
Previous Employer	Position Held	Nature of Duties	Period of Service
Name: _____ Address: _____ _____ Tel. No.: _____	_____ _____ _____ _____	_____ _____ _____ _____	From: _____ To: _____ Reason for leaving: _____ _____

F. REFERENCES

Name : Initials & Surname	Position	Institution	Contact numbers
1.			
2.			
3.			

G. DECLARATION

I hereby certify that the above-mentioned information is to the best of my knowledge true and correct. I accept that, in the event of my application being successful, any information to the contrary will lead to immediate dismissal. I have acquainted myself with the content of the main duties stated in the advertisement of the post and declare that I am fit to fulfill the duties.

I hereby give permission to the KwaDukuza Municipality to contact any person at my current or previous employer(s) and/or relevant institution to obtain a detailed reference regarding my general conduct, work performance-history, behavior etc. With the exception of the following, who must not be contacted:

_____ Reason: _____

I also give consent that this information together with any relevant information like findings by a medical practitioner, criminal record and any other relevant information be made available to KwaDukuza Municipality.

SIGNATURE: _____ **DATE:** _____

NB: Please initial any correction being effected on this application form and this form cannot be used for section 56/57 managers' posts.



Postal Address: P.O. Box 72, KwaDukuza, 4450
 Street Address: 14 Chief Albert Luthuli Street, KwaDukuza 4450
 Telephone: (032) 437 5000
 Fax: 032 437 5098

Date		
DD	MM	YY

PROOF OF RESIDENCE

To whom it may concern,

I, Cllr. _____, hereby confirm that the applicant is the resident member of Ward _____. His/Her details are as follows:

Name/s & Surname	
ID Number	
Contact Number	
Residential Address	

Duration of stay in the above address	
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Are you registered to vote	Yes	No
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If Yes, name of the municipality	
Ward number	
Voting District name	

I trust that the information given to this office is true and correct and expect the applicant to be assisted accordingly.

Stamp Here

 WARD CLLR SIGNATURE
 DATE.....