

APPLICATION FORM

POSITION APPLIED FOR : _____

1. DIRECTIONS

- This form must be completed in your own handwriting. Any false statements made will render a successful candidate liable for instant dismissal.
- Any person canvassing with a view to being appointed to a post in this EPWP Programme shall not be considered for an appointment.
- It is hereby recorded that the applicant will on successful application participate on the EPWP Programme and shall not be an employee of the Municipality.

2. PERSONAL PARTICULARS

Title : _____ Surname : _____

Full names : _____

Address : _____

Telephone (Home) : _____ (Work) : _____

No. of dependants : _____ Ages : _____

Are you a SA Citizen? _____ Identity No.: _____

3. FOR AFFIRMATIVE ACTION AND EQUITY PURPOSE :

Race Group : _____

Any physical disabilities? YES NO

If yes, specify : _____



4. QUALIFICATIONS

a. School education

Highest standard passed : _____ Date (year) : _____
Name of school/s : _____
Subjects passed : _____

b. Special Skill (Plumbing, welding, Motor Mechanic, Painting, Bricklaying etc) :

5. LANGUAGE PROFICIENCY

	SPEAK	READ	WRITE
ENGLISH			
AFRIKAANS			
XHOSA			
OTHER			

Answer "Yes" or "No"

I declare that the information given by me is true and correct. I further authorise the Kouga Municipal Council, or its representatives, to verify the information and qualifications stated on this form, as well as my credit status, should such information be required.

DATE

SIGNATURE