



# MAKANA

MUNICIPALITY | MUNISIPALITEIT | UMASIPALA  
EASTERN CAPE - SOUTH AFRICA ...a great place to be

## MAKANA MUNICIPALITY

Confidential

### APPLICATION FOR EMPLOYMENT

Page 1 of 2

Instruction: To be completed by in Applicant's own handwriting, Only certified copies of all qualifications (Certificates, Diploma or Degree) and a Comprehensive Curriculum Vitae must accompany this application form in order to be considered.

TO BE ADDRESSED TO  The: Director Corporate Services PO Box 176 GRAHAMSTOWN, 6140 Tel: 046 6036111	<b>POSITION APPLYING FOR:</b>	<b>DIRECTORATE</b>	Where seen: (please tick)	
			Notice board	<input type="checkbox"/>
			Local paper	<input type="checkbox"/>
			National paper	<input type="checkbox"/>
		Website		<input type="checkbox"/>

<b>PERSONAL INFORMATION</b>				<b>CONTACT INFORMATION</b>			
Title Mr/Mrs/Miss	<input type="checkbox"/>	Surname	<input type="text"/>	Home Address		Postal address	
First Name							
Date of birth							
ID Number							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>MARITAL STATUS</b>				<b>For Affirmative action purposes</b>					
Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Age	<input type="text"/>	<b>Race</b>	<b>Gender</b>	<b>Disability</b>	<b>Drivers License</b>
						B	M	Yes	Yes
						W	F	No	No
Married	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Number of children	<input type="text"/>	C	<b>Specify disability:</b>		Code
						I			<input type="text"/>

Home Telephone number	<input type="text"/>	Work Telephone number	<input type="text"/>	Cell-phone number	<input type="text"/>
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Name of last school attended and address	<input type="text"/>	From (date)	<input type="text"/>	To (date)	<input type="text"/>	Standard completed & subjects passed	<input type="text"/>
Technical college	<input type="text"/>						
University	<input type="text"/>						

Have you ever been employed in a similar or relevant position for which you are applying? If Yes, provide details.	<input type="text"/>	Details of other training /courses/ apprenticeship/ qualifications	<input type="text"/>
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Present Annual salary	
Present Employer	
Reasons for leaving	

**Either give names of two persons other than relatives (preferably previous employers to which references may be made or attach certified copies of not more than two recent testimonials)**

Name:	Name:
Address:	Address:

Telephone number:	Telephone number:
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I give permission that the referees mentioned above may be approached for information. I further certify that all information given by me is true and accurate. I realize that any misrepresentations made herein could render any contract of employment null and void.

SIGNATURE OF APPLICANT: .....Date.....