



MKHONDO

LOCAL MUNICIPALITY

APPLICATION FOR EMPLOYMENT

TERMS AND CONDITIONS

1. The purpose of this form is to assist the municipality in selecting suitable 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. Candidates shortlisted for interviews may be requested to furnish additional information that will assist the municipality to expedite recruitment and selection processes
4. All information received will be treated with strict confidentiality and will not be used for any other purpose than to assess the suitability of the applicant.
5. This form is designed to assist the municipality with recruitment, selection and appointment of Employees in terms of the Municipal Policy.
6. Original certified copies of Identity Document, Drivers License and all relevant qualifications must be attach. Failure will lead to the application being disqualified.

A. DETAILS OF THE ADVERTISED POST (as reflected in the advert)

Advertised post applying for	
Reference Number	
Notice period	

B. PERSONAL DETAILS

Surname				
First Names				
ID nr				
Race	African	Coloured	Indian	White
Gender	Male	Female		
Driver's License	Yes	No	If yes, License code	
Do you have a disability	Yes	No		
If Yes, elaborate				
Residential Adress				
				Postal code
Mkhondo Ward Number				
Are you South African citizen	Yes	No		
If no, what is your nationality?				
Work Permit nr (If any)				
Do you hold a professional membership with any professional body? If yes provide Information				
		Yes	No	
Professional Body		Membership nr	Expiry date:	

C. CONTACT DETAILS

Preferred language for correspondance			
Telephone number during office hours	Tel nr:	Cell nr:	
Preferred method for correspondance (mark with X)	Post	E-mail	Telephone
Correspondance contact details (interms of above)			

D. QUALIFICATIONS (Additional information may be provided on your CV)		
Name of School/Technical College	Highest Grade Completed	Year Completed
Name of institution	Name of Qualification	Year Obtained

E. WORK EXPERIENCE (Additional information may be provided on your CV)						
Employer (Starting with the most recent)	Position	From		To		Reason for leaving
		MM	YY	MM	YY	

F. REFERENCES (Please ensure that these are work related and not family)			
Name	Position	Relationship	Contact Number

DECLARATION			
I declare that all the information provided (including any attachment) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.			
Signature		Date	