



THULAMELA LOCAL MUNICIPALITY APPLICATION FOR EMPLOYMENT FORM

REFERENCE AND SECURITY CHECKS WILL BE DONE ON APPLICANT BEFORE APPOINTMENT

Direction to candidates: 1. Applications on form with	1.Post details									
full particulars of the applicants' training, qualifications, skills, competencies, knowledge	Position applying for: 2.PERSONAL DETAILS									
2. Applicants must indicate post name and where necessary a reference number of the vacancy in their applications.	Surname									
	Date of Birth									
3. Applicants requiring additional information regarding an advertised post, must direct their enquiries to TLM Corporate Services Department. 4. Applications should be forwarded in time to the Municipality since applications received after the closing date will not be accepted. SPECIAL NOTES: 2. Thulamela Local Municipality subscribes to the principles of National norms and standards relating to employment equity. We assure you that your opportunity for employment with this Municipality depends solely on your qualifications.	ID Number									
	Do you have a drivers' license?	Yes	No	Code:		License No:				
	Gender	Male	Female		Are you a Previously Disadvantaged Individual?		No			
	Are you disabled?	Yes	No	Nature of disability:						
	Are you a South African Citizen?	Yes	No	If no state your Nationality:						
				Do you have a valid work permit Yes			No			
	3.CONTACT DETAILS									
	Postal Address									
	E-mail									
	Telephone									
	Cell									
	Fax									
2. Please note that canvassing and lobbying will automatically disqualify your application.	4.LANGUAGE PROFICIENCY									
	Language									
	Speak									
	Read									

Write

5.ED	UCATIONAL	QUALIFICATIONS						
5.1.Tertiary Education								
Name of Institution		Qualifications	Year Obtained					
5.2.SECONDARY EDUCATION								
Highest Standard passed	Ex	emption Yes/No	Year obtained					
6.Work Experience								
Employer	Position held		Date of appointment and resignation (01/02/02 to 31/0/05)					
6.STATE ANY ACH	IEVEMENT (OR COMMUNITY PART	ICIPATION					
Achievement Elaborate								
7.References								
Name of Person	Relationship to You		Contact					
8.DECLARATION								
I declare that all the information provides to find knowledge. I understand to r discharge if I am appointed.								
Signature:		Date:						

Thank you for completing this application form and your interest in our municipality "We serve with dedication"