**APPLICATION FORM FOR EXPANDED PUBLIC WORKS PROGRAMME (EPWP) 2020-21**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Surname:** |  |
| **Full Names:** |  |
| **Contact Details** |  |
| **ID Number:** |  |
| **Position Applied For:** |  |
| **Local Municipality:** |  |
| **Ward No:** |  |

**QUALIFICATIONS**

|  |  |
| --- | --- |
| **Name of School** |  |
| **Highest Grade/Standard Passed** |  |
| **Year Completed** |  |

**TERTIARY/ PROFESSIONAL QUALIFICATIONS**

|  |  |  |
| --- | --- | --- |
| **Name of Institution** | **Name of Qualification** | **Year Obtained** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Declaration:**

***I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that the information furnished on this Employment form is correct. I accept that the municipality may act against me should this declaration prove to be false.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**