

#### APPLICATION FOR EMPLOYMENT



#### PRIVATE BAG X9687 GIYANI 0826 TEL. 015-811 6300

#### 1. <u>DIRECTIONS</u>

- a. Complete form in your own hand
- b. Mark the appropriate block with an X
- c. Copies of certificates and other documents must be submitted with this application (Original copies to be submitted on the date of interview)
- d. All questions must be answered in full, employees of the Municipality also.

## 2. POSITION VACANT

| Designation: | Department: |
|--------------|-------------|
|              |             |

## 3. PERSONAL PARTICULARS

| Dr/Prof        | Mr.    | Mrs.              |        | Miss Male       |                                         |      | Female |       |
|----------------|--------|-------------------|--------|-----------------|-----------------------------------------|------|--------|-------|
| Maiden Name:   |        |                   |        | Surname:        |                                         |      |        |       |
| Christian Name | s:     |                   |        |                 |                                         |      | Langu  | ıage: |
| Date of birth: |        | Age:              |        |                 | ID N                                    | 0.:  |        |       |
| Citizenship:   |        | Population Group: |        | up:             | Number of Dependants:                   |      |        | ants: |
| Marital Status | Single | Married           | Divo   | ivorced Widower |                                         | ower | Wid    | low   |
| Postal Address |        | Tel (Home         | e/Cell | )               | Other means of contact                  |      | tact   |       |
|                |        |                   |        |                 |                                         |      |        |       |
| Tel (          |        | Tel (Work)        |        |                 |                                         |      |        |       |
|                |        |                   | •••••  |                 | • • • • • • • • • • • • • • • • • • • • |      |        |       |
|                |        |                   |        |                 |                                         |      |        |       |

#### 4. LANGUAGE PROFICIENCY

| INDICATE PROFICIENCY AS "GOOD", "FAIR", "POOR" OR "NONE" |      |       |       |                       |  |
|----------------------------------------------------------|------|-------|-------|-----------------------|--|
| Language                                                 | Read | Write | Speak | Highest qualification |  |
| Afrikaans                                                |      |       |       |                       |  |
| English                                                  |      |       |       |                       |  |
| Other                                                    |      |       |       |                       |  |

# 5. EDUCATION

| School           |       |              | Town      |          |           |  |
|------------------|-------|--------------|-----------|----------|-----------|--|
| Highest Grade    | Year: | Academically | Technical | Commerce | Practical |  |
| passed           |       |              |           |          |           |  |
| Subjects passed: |       |              |           |          |           |  |
| 1                |       |              | 6         |          |           |  |
| 2                |       |              | 7         |          |           |  |
| 3                |       |              | 8         |          |           |  |
| 4                |       |              | 9         |          |           |  |
| 5                |       |              | 10        |          |           |  |

# 6. POST SCHOOL EDUCATION

| stitution     | Period        |                         |                           | Qualif     | cations Obtaine | d          |
|---------------|---------------|-------------------------|---------------------------|------------|-----------------|------------|
| Fr            | From          |                         | TO                        |            |                 |            |
|               |               |                         |                           |            |                 |            |
|               |               |                         |                           |            |                 |            |
|               |               |                         |                           |            |                 |            |
|               |               |                         |                           |            |                 |            |
|               |               |                         |                           |            |                 |            |
|               |               |                         | 6                         |            |                 |            |
|               |               |                         | 7                         |            |                 |            |
|               |               |                         | 8                         |            |                 |            |
|               |               |                         | 9                         |            |                 |            |
|               |               |                         | 10                        |            |                 |            |
|               |               |                         |                           | Date:      |                 |            |
| enticeship wa | as complete   | ed:                     |                           |            |                 |            |
| Passed        | Date pas      | sed                     | Failed                    |            | Did not write   |            |
|               | enticeship wa | enticeship was complete | enticeship was completed: | From TO  6 | From TO  6      | From TO  6 |

# 7. FURTHER STUDIES

| Are you studyin              | ig at the       | <b>Yes</b> | No     | Do you int  | ended | Yes   | No |
|------------------------------|-----------------|------------|--------|-------------|-------|-------|----|
| moment?                      |                 |            |        | to          |       |       |    |
| Details of your              | Details of your |            |        |             |       |       |    |
| studies:                     |                 |            |        |             |       |       |    |
|                              |                 |            |        |             |       |       |    |
|                              |                 |            |        |             |       |       |    |
| Any training not yet listed: |                 |            |        |             |       |       |    |
| Drivers                      | Light           | Heavy Ve   | ehicle | Extra heavy | Motor | cycle |    |
| License                      | Vehicle         |            |        | vehicle     | above | 50cc  |    |

# 8. EXPERIENCE

| Present and previous positions held (start with latest) |                   |            |        |               |         |  |
|---------------------------------------------------------|-------------------|------------|--------|---------------|---------|--|
| nination                                                | Reason for termin | Salary P/A | Period | Position held | Company |  |
|                                                         | of services       |            |        |               |         |  |
|                                                         |                   |            |        |               |         |  |
|                                                         |                   |            |        |               |         |  |
|                                                         |                   |            |        |               |         |  |
|                                                         |                   |            |        |               |         |  |
|                                                         |                   |            |        |               |         |  |
|                                                         |                   |            |        |               |         |  |
|                                                         |                   |            |        |               |         |  |
|                                                         |                   |            |        |               |         |  |
|                                                         |                   |            |        |               |         |  |
|                                                         |                   |            |        |               |         |  |
|                                                         |                   |            |        |               |         |  |
|                                                         |                   |            |        |               |         |  |
|                                                         |                   |            |        |               |         |  |

# 9. EMPLOYMENT PARTICULARS

| Are currently employed?                                                     | If not, state period unemployed:    |       |  |
|-----------------------------------------------------------------------------|-------------------------------------|-------|--|
| When can you assume                                                         | Bruto salaries required p/m?        |       |  |
| duty?                                                                       |                                     |       |  |
| Do you have any                                                             | If yes, state the nature of         |       |  |
| disabilities?                                                               | disability:                         | ••••• |  |
| Have you previously applied for a position at Mopani District Municipality? |                                     |       |  |
| Were you previously employed b                                              | y this Municipality, if so, furnish |       |  |
| particulars:                                                                |                                     |       |  |
|                                                                             |                                     |       |  |

# 10. REFERENCES

| NAME TWO PERSONS AT YOUR PREVIOUS EMPLOYER(S) TO WHOM CONFIDENTIAL |                 |            |  |  |  |
|--------------------------------------------------------------------|-----------------|------------|--|--|--|
| REFERENCES MAY BE MADE.                                            |                 |            |  |  |  |
| NAME AND SURNAME                                                   | TEL/CELL NUMBER | OCCUPATION |  |  |  |
|                                                                    |                 |            |  |  |  |
|                                                                    |                 |            |  |  |  |

#### 11. GENERAL

| Do you have anything else to declare e.g. criminal and/ or pending criminal offences, |  |  |  |  |
|---------------------------------------------------------------------------------------|--|--|--|--|
| insolvency or dismissals from employment?                                             |  |  |  |  |
| Are you a member of a registered Medical Aid Fund? Period:                            |  |  |  |  |
| Are you a member of a registered Municipal Pension Fund? Period:                      |  |  |  |  |

## 12. FOR INFORMATION

- a. Certified copies of highest school standard passed, certificates, diplomas or degree achieved, must be attached.
- b. If an applicant in invited to attend an interview at Giyani at the expense of the municipality and such applicant, being offered the position and later refuses acceptance thereof, the Municipality shall be entitled to claim reimbursement of all travelling and subsistence allowance paid to such an applicant.
- c. The Municipality shall also be entitled to claim advertising expenses from any applicant who has been offered a position, accepts it and later refuses it or does not resume duties.
- d. Any person canvassing with a view to be appointed to a post in the Municipality's service shall not be considered for appointment to such post.

#### 13. <u>DECLARATION</u>

| I declare that the above particulars are, to the best of my knowledge true and correct and |                                      |  |  |  |
|--------------------------------------------------------------------------------------------|--------------------------------------|--|--|--|
| understand and accept that if I am appointed, my a                                         | appointment will be subjected to the |  |  |  |
| provisions of the Service Conditions and Policy of t legislation.                          | he Municipality and any applicable   |  |  |  |
| Signature:                                                                                 | Date:                                |  |  |  |

# **FOR OFFICE USE ONLY**

| Appointment              | Promotion      | Transfer    | Temporary       | Job Id No. |  |  |  |
|--------------------------|----------------|-------------|-----------------|------------|--|--|--|
| Designation: Department: |                |             |                 |            |  |  |  |
| From:                    |                | Notch:      |                 |            |  |  |  |
| Job Level:               |                | Days leave: |                 |            |  |  |  |
| Fringe benefits:         |                |             |                 |            |  |  |  |
|                          |                |             |                 |            |  |  |  |
|                          |                |             |                 |            |  |  |  |
| Approved:                |                |             |                 |            |  |  |  |
| DE                       | PARTMENTAL HEA | D MUI       | NICIPAL MANAGER |            |  |  |  |



