

APPLICATION FOR EMPLOYMENT



MOPANI DISTRICT MUNICIPALITY

PRIVATE BAG X9687 GIYANI 0826 TEL. 015-811 6300

1. **DIRECTIONS**

- a. Complete form in your own hand
- b. Mark the appropriate block with an X
- c. Original certificates and other documents must not be submitted with this application
- 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: Surna			Surname	9:				
Christian Name	s:						Langu	iage:
Date of birth:		Age:			ID N	0.:		
Citizenship:		Populatio	oulation Group: Number of Dependants:		roup: Number of D			ints:
Marital Status	Single	Married	ried Divorced Widower		ower	Wid	ow	
Postal Address		Tel (Home	e/Cell)	Othe	er means	of con	tact
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

Name and Place of Ins	stitution	Per	iod		Qualif	ications Obtaine	d
	Fro	From		TO			
Subjects passed:							
1				6			
2				7			
3				8			
4				9			
5				10			
Trade:					Date:		
Company where appr	enticeship wa	s complete	ed:				
Trade test	Passed	Date pass	sed	Failed		Did not write	

7. FURTHER STUDIES

Are you study	ing at the	Yes	No	Do you in	tended	Yes	No
moment?				to			
Details of you	ſ						
studies:							
Any training n	ot yet listed:						
Drivers	Light	Heavy		Extra heavy	Motoro	cycle	
License	Vehicle	Vehicle		vehicle	above	50сс	

8. EXPERIENCE

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

9. EMPLOYMENT PARTICULARS

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

10. REFERENCES

NAME TWO PERSONS AT YOUR PREVIOUS EMPLOYER(S) TO WHOM CONFIDENTIAL					
REFERENCES MAY BE MADE.	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 is 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. DECLARATION

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	understand and accept that if I am appointed, my appointment will be subjected to the				
provisions of the Service Conditions and Policy of t	he Municipality and any applicable				
legislation.					
Signature:	Date:				

FOR OFFICE USE ONLY

Appointment	Promotion	Transfer	Temporary	Job Id No.			
Designation: Department:							
From: Notch:							
Job Level:		Days leave:	Days leave:				
Fringe benefits:	Fringe benefits:						
Approved:							
EXECUTIVE MAYOR							



