

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:	Reference Number :

3. PERSONAL PARTICULARS

Dr/Prof	Mr.	Mrs.		Miss Male			Female	
Maiden Name:				Surname:				
Christian Names:						Langu	uage:	
Date of birth:		Age:			ID N	0.:		
Citizenship:		Populatio	n Gro	oup:	Num	ber of De	ependa	ants:
Marital Status	Single	Married	Div	orced	Wide	ower	Wic	low
Postal Address Tel (Home/Ce		e/Cel	l)	Other means of contact			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		Period			Qualif	ications Obtaine	ed
Institution	Fro	m		TO			
Subjects passed:							
1				6			
2				7			
3				8			
4				9			
5				10			
Trade:					Date:		
Company where appr	enticeship w	as comple	ted:				
Trade test	Passed	Date pas	sed	Failed		Did not write	

7. FURTHER STUDIES

Are you studying at the	Yes	No	Do you intended	Yes	No
moment?			to		
Details of your					
studies:					

Any training not yet listed:					
Drivers	Light	Heavy Vehicle	Extra heavy	Motorcycle	
License	Vehicle		vehicle	above 50cc	

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 currently		If not, state period unemployed:		
employed?				
When can you		Bruto salaries required p/m?		
assume 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 by 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	Period:			
Fund?				

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. DECLARATION

clare that the above particulars are, to the best of my knowledge true and correct and lerstand and accept that if I am appointed, my appointment will be subjected to the visions of the Service Conditions and Policy of the Municipality and any applicable slation.			
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:						
Approved:						
DE	PARTMENTAL HEA	ND	MUNICIPAL MA	ANAGER		



