

## EHLANZENI DISTRICT MUNICIPALITY

## APPLICATION FOR EMPLOYMENT

DISTRICT MUNICIPALITY							
WHAT IS THE PURPOSE OF THIS FORM	A. THE ADVE	RTISED POST					
To assist the district municipality in selecting a person for an advertised post.					ewspaper where the position as advertised		
This form may be used to identify candidates to be interviewed. Since all applicants cannot be inter- viewed, you need to fill in this form completely, accurately and legibly. This will help to process your applica- tion fairly.	advert) when notice			when notice	you are offered the position, hen can you start OR how much otice must you serve with your urrent employer?		
WHO SHOULD COMPLETE THIS FORM	B. PERSONAL	INFORMATION					
Only persons wishing to apply for an	Surname						
advertised position at Ehlanzeni Dis- trict Municipality.	First Names						
ADDITIONAL INFORMATION	Date of Birth						
This form requires basic information.	ID number						
Candidates who are selected for in- terviews will be requested to furnish	Race	African	Wh	ite	Coloure	ed	Indian
additional certified information that may be required to make a final selec-	Gender			FEMALE		E	MALE
tion.	Do you have a	disability?			YES		NO
SPECIAL NOTES	Are you a South African Citizen?				YES		NO
1. All information will be treated with the strictest confidentiality and will	If no, what is your Nationality						
not be disclosed or used for any other purpose than to assess the	And do you have a valid work Permit?			YES NC		NO	
suit- ability of a person, except in so far as it may be required and permitted by law. Your personal details must	Have you ever been convicted of a criminal offence or been dismissed from employment?				YES		NO
correspond with the details in your ID or passport.	Do you have a driver's license?				YES		NO
<ol> <li>Passport number in the case of non-South Africans.</li> </ol>	Are you comput	er literate?			YES		NO
	Are you disable				YES		NO
<ol> <li>This information is required to enable the department to comply with the Employment Equity Act, 1998.</li> </ol>		e ofessional members y? If yes, provide inf			YES		NO
<ol> <li>This information will only be taken into account if it directly relates to the requirements of</li> </ol>	Name of professional body Membership number			p Expiry date		late	
the position.	C. HOW DO W	E CONTACT YOU					
5. Applicants with substantial	Preferred langu	age for correspond	dence?				
qualifications or work experience must attach a CV.	<sup>ork</sup> Telephone number during office hours						
<ul> <li>6. Correspondence contact details (in terms of above)</li> </ul>	Physical Addres	S		•			
	Preferred meth	od for corresponde	ence	Po	st	E-mail	Fax
	Correspondence of the above)	contact details (in	ı terms				<u>I</u>

D. LANGUAGE PROFICIENCY – state 'good', 'fair' or 'poor'						
	Languages (specified)					
Speak						
Read						
Write						

E. QUALIFICATIONS (please ignore if you have attached a CV with these details					
Name of School / Technical College	Highest qualif	ication obtained		Year Obtained	
Tertiary education	n (complete for each q	ualification you	obtained)		
Name of Institution	Name of (	Name of Qualification			
Current study (institution and qualifica	ation)				
F. WORK EXPERIENCE (please ignore	if you have attached a	CV with these d	etails)		
From - to Employer (including	Post held	FROM	то	Reason for	

current employer)	Post heid	FKOM		10		Leaving	
		MM	YY	MM	YY		
If you were previously employed in the Public Service, indicate whether any condition exists that prevents your re-employment					YES	NO	
If yes, provide the name of the prev	ious employing departmer	nt					

G. REFERENCES (please ignore if you have attached a CV with these details)					
Name	Relationship to you	Tel. No. (office hours)			

## DECLARATION

I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.

SIGNATURE:

DATE: