



HR 0017

Confidential

Okhahlamba Municipality

• Tel: 036 448 8000 • P.O. Box 71 • 259 Kingsway Street. • Bergville • 3350

APPLICATION FOR EMPLOYMENT

1. Directions

- (a) Complete form in own handwriting (**black ink only**)
- (b) Mark the appropriate block with an "x"
- (c) Original certificates and documents must not be submitted with this application, only certified copies to be attached
- (d) All questions must be answered in full. This also applies to employees of the municipality.
- (e) * Is required for employment equity/affirmative action purposes

2. PARTICULARS OF POSITION APPLIED FOR

Designation of post: _____ Department: _____

3. PERSONAL PARTICULARS

*Male *Female

Surname: _____ Identity No: _____

First Names: _____ *Disabled Yes No

Citizenship: _____ *Race: _____ *Nature of Disability: _____

Permanent Postal Address: _____

Permanent Residential Address: _____

Tel (Home): _____ Tel (Work): _____ Cell: _____

Is any of your relatives employed by the Council? Yes No

If "Yes" state Name, Department and Relationship
Name: _____
Department: _____ Relation: _____

4. EDUCATION

School

Highest grade obtained: _____ Year: _____

Name of School: _____ Place: _____

Subjects passed: 1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

Post School Education (Certified copies to be attached)

Table with 3 columns: Name and Place of Institution, Period attended, Qualification. Includes rows for institution details and subjects passed (1-8).

APPRENTICESHIP

Trade qualified in: _____ Date qualified: _____

Name of company where apprenticeship was completed: _____

Trade test (Mark with "X") Passed [] Did not write [] Failed []

FURTHER STUDIES

Are you studying at the moment or do you intend to: Yes [] No []

Details: _____

OTHER TRAINING

Any training not listed? _____

PERMANENT DRIVERS LICENSES (Certified copies to be attached)

Light Vehicle [] Heavy Vehicle [] Extra Heavy Vehicle [] Motorcycle over 50cc [] Other []

Date: _____ Date: _____ Date: _____ Date: _____

Specify Other: _____

5. EMPLOYMENT HISTORY

PRESENT AND PREVIOUS POSITIONS HELD (Start with the latest)

Name and address of employer	Position Held	Immediate Supervisor	Period of Service	Wage/Salary per year	Reason for termination of service
		Name:	From:	R	
		Tel:	To:		
		Name:	From:	R	
		Tel:	To:		
		Name:	From:	R	
		Tel:	To:		
		Name:	From:	R	
		Tel:	To:		
		Name:	From:	R	
		Tel:	To:		

Are you employed at present? Yes No If not state the period of unemployment? _____

When can you assume duty? _____ Gross Salary Required: R _____

REFERENCES

Name 2 persons in a supervisory position at your previous employers to whom confidential references may be made concerning your application

Name	Address and Business telephone number	Occupation
_____	_____	_____
_____	_____	_____

6. FOR INFORMATION

Any person canvassing with a view to being appointed to a post in the Council's service shall not be considered for an appointment

7. 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 appointment will be subject to the provisions of the SALGBC Collective Agreements on Conditions and Service, Discipline and Grievances and the Human Resources policy of the Council and any applicable legislation.

7.1 CONSENT

I hereby authorized and indemnify the municipality to provide my information to the duly authorized verification agent, to verify my personal information in support of my application to do verification of any educational qualifications, training, professional membership, employment history, criminal record, ID, drivers' license and fraud prevention checks

Date

Signature of Applicant

8. FOR OFFICE USE ONLY

Unsuccessful	Appointment	Transfer	Temporary	Permanent	Section 57
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Designation: _____

Department: _____ Division/Section: _____

With effect from: _____ Salary Notch: _____

Job Evaluation : Code: _____ Job Level: _____

Remarks: _____

Approved

Head of Department

H.R. Manager

Municipal Manager

Date

Date

Date