

Telephone: (051) 933 9300  
 PO Box 116  
 Postal Code 9730



**APPLICATION FOR EMPLOYMENT**

**1. Directions**

- (a) Complete form in own handwriting
- (b) Mark the appropriate block with an "x"
- (c) Original certificates and documents must not be submitted with this application
- (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: _____	
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**3. PERSONAL PARTICULARS**

Surname:	*Male	<input type="checkbox"/>	*Female	<input type="checkbox"/>
	Identity No			
Christian Names:	*Disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Citizenship:	*Race:	*Nature of Disability:		
Permanent Postal Address:	Tel (Home): _____	Permanent Residential Address:		
	Tel (Work): _____			
Is any of your relatives employed by the Council?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If "Yes" state Name, Department and relationship				

**4. EDUCATION**

<b>School</b>				
Highest grade obtained:		Year:		
Name of School:		Place:		
Subjects passed:				
1.		5.		
2.		6.		
3.		7.		
4.		8.		
<b>Post School Education (Certified copies to be attached)</b>				
Name and Place of Institution		Period attended		Qualification Obtained
Subjects passed:				
1.		5.		
2.		6.		
3.		7.		
4.		8.		
<b>APPRENTICESHIP</b>				
Trade qualified in:			Date qualified:	
Name of company where apprenticeship was completed:				
Trade test (Mark with "X")	Passed <input type="checkbox"/>	Did not write <input type="checkbox"/>	Failed <input type="checkbox"/>	
<b>FURTHER STUDIES</b>				
Are you studying at the moment or do you intend to:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Particulars:				
<b>OTHER TRAINING</b>				
Any training not listed?				
<b>PERMANENT DRIVERS LICENSES (Certified copies to be attached)</b>				
Light Vehicle <input type="checkbox"/>	Heavy Vehicle <input type="checkbox"/>	Extra Heavy Vehicle <input type="checkbox"/>	Motorcycle over 50cc <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	

**5. EMPLOYMENT HISTORY**

**PRESENT AND PREVIOUS POSITIONS HELD (Start with the latest)**

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

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

When can you assume duty? Gross Salary Required **R**

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

<b>Name</b>	<b>Address and Business telephone number</b>	<b>Occupation</b>

**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.

<b>Date</b>	<b>Signature of Applicant</b>

**8. FOR OFFICE USE ONLY**

Unsuccessful	Appointment	Transfer	Temporary	Permanent	Section 57
Designation:					
Department:			Division/Section:		
With effect from:			Salary Notch:		
Job Evaluation Job Level:					
Remarks:					
<b>Approved</b>					
<b>Head of Department</b>			<b>Director Corporate Services</b>		
<b>Date:</b>			<b>Date:</b>		