



FRANCES BAARD

DISTRICT MUNICIPALITY / DISTRIKSMUNISIPALITEIT
MASEPALA WA SEDIKA / U MASEPALA WE SITHILI

APPLICATION FOR EMPLOYMENT

Every section of this form must be completed in full and application must be personally signed by applicant

PLEASE NOTE

COMPLETION OF THIS FORM IS COMPULSORY:

*The under mentioned notes refer to the completion of the application (completion of all sections of the form is compulsory)

*Information supplied will be treated in the strictest confidence and will not be used for any purpose other than for assessment for suitability of employment as required by law.

- CERTIFIED COPIES OF QUALIFICATIONS, IDENTITY DOCUMENT and relevant documents MUST accompany this application (mandatory).**
- Foreign nationals must submit certified copies of **IDENTITY DOCUMENT, PASSPORT and valid WORK PERMIT (mandatory).**
- Information required for purposes of the Employment Equity Act **must** be furnished.
- Section B may be skipped if a detailed CV is attached to this application, whereon this info is provided.
- Canvassing for appointment, unsigned and incomplete application form and copies not certified may lead to automatic disqualification.

Position applied for: _____

Earliest date on which duties can be assumed _____

SECTION A PERSONAL INFORMATION (REFER NOTE 1)

Surname: _____

First names: _____

Date of birth: _____

Identity Number⁽²⁾

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Passport Number⁽²⁾

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Citizenship:

South African (RSA)	Other
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If not RSA: What is your Nationality: _____

Language Preference: _____

CONTACT DETAILS

Residential Address: _____

Postal Address _____

E-mail address: _____

Contact numbers: _____

EMPLOYMENT EQUITY DETAILS (REFER NOTE 3)

RACE	African	White	Coloured	Indian
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GENDER	Female	Male
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DISABILITY	YES	NO
SPECIFY		

SECTION B
QUALIFICATIONS AND TRAINING (REFER NOTE 5)

	School	University / College	Technikon / Other
1 Name of Institution			
2 Qualifications and year obtained.			
Professional or Occupational registration:			

EXPERIENCE (REFER NOTE 5)

EMPLOYER'S NAME:													
LENGTH OF SERVICE	From:	D	M	Y	D	M	Y	D	M	Y	D	M	Y
	To:												
DESIGNATION													
FRINGE BENEFITS	1.	.....										
	2.	.....										
	3.	.....										
SUMMARY OF DUTIES	1.	.....										
	2.	.....										
	3.	.....										
	4.	.....										
	5.	.....										
	6.	.....										
	7.	.....										
	8.	.....										
	9.	.....										
	10.	.....										
Reason for Change													

PERSONAL REFERENCES PREFERABLY IN WORK CAPACITY (5)

NAME	OCCUPATION	TELEPHONE AND EMAIL
1.		
2.		

Section C Declaration

Have you been convicted of a criminal offence:

YES	NO
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Have you been dismissed from employment:

YES	NO
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Specify:

STATEMENT

I declare that the information furnished and certified documentation provided is authentic, true and correct and that should my application constitute a legal appointment and should I fail to assume duties, the municipality may initiate legal proceedings against me for breach of contract.

Signature:

Date: