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:				Language:	
Date of birth:		Age:		ID No.:	
Citizenship:		Population Group:		Number of Dependants:	
Marital Status	Single	Married	Divorced	Widower	Widow
Postal Address		Tel (Home/Cell)		Other means of contact	

Postal Address
....
....
....

Tel (Home/Cell)
....
Tel (Work)
....

Other means of contact
....
....
....
....

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 passed	Year:		Academically	Technical	Commerce	Practical
Subjects passed:						

1……………………………………………………………	6………………………………………………………
2……………………………………………………………	7………………………………………………………
3……………………………………………………………	8………………………………………………………
4……………………………………………………………	9………………………………………………………
5……………………………………………………………	10………………………………………………………

6. *POST SCHOOL EDUCATION*

Name and Place of Institution	Period		Qualifications Obtained
	From	TO	
Subjects passed:			

1……………………………………………………………	6………………………………………………………
2……………………………………………………………	7………………………………………………………
3……………………………………………………………	8………………………………………………………
4……………………………………………………………	9………………………………………………………
5……………………………………………………………	10………………………………………………………

Trade:			Date:		
Company where apprenticeship was completed:					
Trade test	Passed	Date passed	Failed	Did not write	

7. *FURTHER STUDIES*

Are you studying at the moment?	Yes	No	Do you intended to	Yes	No
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 employed?		If not, state period unemployed:	
When can you assume duty?		Bruto salaries required p/m?	
Do you have any disabilities?		If yes, state the nature of 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 Fund?	Period:

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*

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 subjected to the provisions of the Service Conditions and Policy of the Municipality and any applicable legislation.

Signature:……………………………………………… Date:…………………………………………

FOR OFFICE USE ONLY

Appointment	Promotion	Transfer	Temporary	Job Id No.

Designation:………………………………………… Department:……………………………………………….

From: …………………………………………….. Notch:………………………………………………………..

Job Level: …………………………………………… Days leave: …………………………………………….....

Fringe benefits: ……….

Approved: …………………………………………… …………………………………………………………………

DEPARTMENTAL HEAD   **MUNICIPAL MANAGER**