

AMAHLATHI MUNICIPALITY
APPLICATION FOR EMPLOYMENT

HUMAN RESOURCES DEPARTMENT

043 – 683 5000

POSITION APPLIED FOR: _____

NEWSPAPER IN WHICH ADVERT WAS SEEN: _____

DIRECTIONS:

- a) This form must be completed in your own handwriting. Any false statements made will render a successful candidate liable to instant dismissal.
- b) Any person canvassing with a view to being appointed to a post in the Council's Service shall not be considered for an appointment.
- c) Certified copies of all qualifications (certificates, diplomas or degrees) must accompany all application forms in order to be considered.
- d) Please attach copies of testimonials and/or covering letter for further details.

PERSONAL PARTICULARS

MR/MRS/MISS: _____ SURNAME: _____

FULL NAME(S) : _____

ADDRESS: _____

_____ POSTAL CODE: _____

TELEPHONE: _____ HOME _____ WORK _____

OTHER MEANS OF CONTACT IF NO TELEPHONE: _____

No. OF DEPENDANTS: _____ AGES : _____

ARE YOU A SA CITIZEN: _____ I.D. No.: _____

ARE YOU AT PRESENT STUDYING FURTHER?

YES		NO	
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COURSE: _____

SUBJECTS COMPLETED: _____

FOR AFFIRMATIVE ACTION PURPOSES:

RACE GROUP: _____

ANY PHYSICAL DISABILITIES?

YES		NO	
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IF YES, SPECIFY: _____

QUALIFICATIONS

1. SCHOOL EDUCATION

HIGHEST STD PASSED: _____ YEAR: _____

NAME OF SCHOOL (S) : _____

SUBJECTS PASSED: _____

2. UNIVERSITY AND/OR POST MARTIC TRAINING

NAME OF INSTITUTION	FROM	TO	SUBJECTS PASSED

DEGREE AND/OR DIPLOMA ATTAINED : _____

3. APPRENTICESHIP

TRADE: _____

PERIOD OF APPRENTICESHIP: FROM _____ TO _____

AT WHICH FIRM DID YOU COMPLETE YOUR APPRENTICESHIP? _____

4. OTHER QUALIFICATIONS

SHORTHAND / SPEEDWRITING: _____WPM TYPING: _____WPM

DICTAPHONE

YES		NO	
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OTHER QUALIFICATIONS: _____

EXPERIENCE

PRESENT AND PREVIOUS POSITIONS HELD (Start with your present / latest position)					
Name & Address of Employer	Position Held	Immediate Supervisor	Period of Service	Wage / Salary per Annum	Reason for Termination of Service
1.		Tel:	From: To:		
2.		Tel:	From: To:		
3.		Tel:	From: To:		
4.		Tel:	From: To:		
5.		Tel:	From: To:		
6.		Tel:	From: To:		
7.		Tel:	From: To:		
8.		Tel:	From: To:		

MENTION ANY SPECIAL EXPERIENCE INDICATING SUITABILITY FOR THE POSITION YOU ARE APPLYING FOR:

LANGUAGE PROFICIENCY

ANSWER YES OR NO

	SPEAK	READ	WRITE
ENGLISH			
AFRIKAANS			
XHOSA			
OTHER			

GENERAL

WHAT IS YOUR PRESENT OCCUPATION? _____

NAME OF COMPANY: _____

WHAT IS YOUR PRESENT SALARY: _____ PER ANNUM

WHY DO YOU WISH TO LEAVE YOUR PRESENT EMPLOYMENT? _____

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENCE OR DISMISSED FROM ANY EMPLOYMENT? IF SO, FURNISH FULL PARTICULARS:

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HAVE YOU ANY PHYSICAL OR MENTAL DEFECTS THAT WOULD PREVENT YOU FROM PERFORMING THE FUNCTIONS ATTACHED TO THIS POSITION? IF SO, FURNISH FULL PARTICULARS :

DO YOU HAVE A DRIVER'S LICENCE?

YES		NO	
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IF YES, INDICATE WHETHER LIGHT, MEDIUM OR HEAVY DUTY : _____

CODE: _____ ISSUED AT : _____ DATE : _____

IF APPOINTED, WHEN CAN YOU COMMENCE DUTY? _____

GIVE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO PERSONS TO WHOM REFERENCE CAN BE MADE, OTHER THAN RELATIONS OR EMPLOYERS:

1. _____

2. _____

HAVE YOU READ / BEEN ADVISED, AND UNDERSTAND AND ACCEPT THE CONDITIONS RELATED TO THE APPOINTMENT TO THE POST FOR WHICH YOU HAVE APPLIED? _____

I DECLARE THAT THE INFORMATION GIVEN BY ME IS TRUE AND CORRECT. I FURTHER AUTHORISE THE AMAHLATHI MUNICIPALITY, OR ITS REPRESENTATIVES, TO VERIFY THE INFORMATION AND QUALIFICATION STATED ON THIS FORM, AS WELL AS MY CREDIT STATUS, SHOULD SUCH INFORMATION BE REQUIRED.

SIGNATURE

DATE

FOR OFFICE USE ONLY

UNSUCCESSFUL	APPOINTMENT	PROMOTION	TRANSFER	TEMPORARY	PERMANENT
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WITH EFFECT FROM _____ POST LEVEL _____ NOTCH _____

SPECIAL CONDITIONS RELATING TO THIS APPOINTMENT _____