



EHLANZENI
DISTRICT MUNICIPALITY

EHLANZENI DISTRICT MUNICIPALITY

APPLICATION FOR EMPLOYMENT

<p>WHAT IS THE PURPOSE OF THIS FORM</p> <p>To assist the district municipality in selecting a person for an advertised post.</p> <p>This form may be used to identify candidates to be interviewed. Since all applicants cannot be interviewed, you need to fill in this form completely, accurately and legibly. This will help to process your application fairly.</p> <p>WHO SHOULD COMPLETE THIS FORM</p> <p>Only persons wishing to apply for an advertised position at Ehlanzeni District Municipality.</p> <p>ADDITIONAL INFORMATION</p> <p>This form requires basic information. Candidates who are selected for interviews will be requested to furnish additional certified information that may be required to make a final selection.</p> <p>SPECIAL NOTES</p> <ol style="list-style-type: none"> All information will be treated with the strictest confidentiality and will not be disclosed or used for any other purpose than to assess the suitability of a person, except in so far as it may be required and permitted by law. Your personal details must correspond with the details in your ID or passport. Passport number in the case of non-South Africans. This information is required to enable the department to comply with the Employment Equity Act, 1998. This information will only be taken into account if it directly relates to the requirements of the position. Applicants with substantial qualifications or work experience must attach a CV. Correspondence contact details (in terms of above) 	A. THE ADVERTISED POST				
	Position for which you are applying (as advertised)		Newspaper where the position was advertised		
	Reference number (if stated in the advert)		If you are offered the position, when can you start OR how much notice must you serve with your current employer?		
	B. PERSONAL INFORMATION				
	Surname				
	First Names				
	Date of Birth				
	ID number				
	Race	<i>African</i>	<i>White</i>	<i>Coloured</i>	<i>Indian</i>
	Gender		<i>FEMALE</i>	<i>MALE</i>	
Do you have a disability?		<i>YES</i>	<i>NO</i>		
Are you a South African Citizen?		<i>YES</i>	<i>NO</i>		
If no, what is your Nationality					
And do you have a valid work Permit?		<i>YES</i>	<i>NO</i>		
Have you ever been convicted of a criminal offence or been dismissed from employment?		<i>YES</i>	<i>NO</i>		
Do you have a driver's license?		<i>YES</i>	<i>NO</i>		
Are you computer literate?		<i>YES</i>	<i>NO</i>		
Are you disabled?		<i>YES</i>	<i>NO</i>		
If YES elaborate					
Do you hold a professional membership with any professional body? If yes, provide information below		<i>YES</i>	<i>NO</i>		
Name of professional body	Membership number	Expiry date			
C. HOW DO WE CONTACT YOU					
Preferred language for correspondence?					
Telephone number during office hours					
Physical Address					
Preferred method for correspondence		<i>Post</i>	<i>E-mail</i>	<i>Fax</i>	
Correspondence contact details (in terms of the above)					

D. LANGUAGE PROFICIENCY – state 'good', 'fair' or 'poor'						
	Languages (specified)					
Speak						
Read						
Write						

E. QUALIFICATIONS (please ignore if you have attached a CV with these details)		
Name of School / Technical College	Highest qualification obtained	Year Obtained
<i>Tertiary education (complete for each qualification you obtained)</i>		
Name of Institution	Name of Qualification	Year Obtained
Current study (institution and qualification)		

F. WORK EXPERIENCE (please ignore if you have attached a CV with these details)							
From - to Employer (including current employer)	Post held	FROM		TO		Reason for Leaving	
		MM	YY	MM	YY		
If you were previously employed in the Public Service, indicate whether any condition exists that prevents your re-employment						YES	NO
If yes, provide the name of the previous employing department							

G. REFERENCES (please ignore if you have attached a CV with these details)		
Name	Relationship to you	Tel. No. (office hours)

DECLARATION	
<i>I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.</i>	
SIGNATURE:	DATE: