

EMAKHAZENI MUNICIPALITY

P O BOX 17, BELFAST, 1100
TEL: 013 – 253 1121



APPLICATION FORM EMPLOYMENT

Application for Employment

<p>WHAT IS THE PURPOSE OF THIS FORM</p> <p>To assist the 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 person wishing to apply for an advertised post in the Municipality. This form must be completed by the applicant in his/her own handwriting using BLOCK LETTERS and a BLACK PEN.</p> <p>ADDITIONAL INFORMATION</p> <p>This form requires basic information. Candidates who are selected for interviews may be requested to furnish additional certified information that may be required to make a final selection.</p> <p>SPECIAL NOTES</p> <p>1 – 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.</p> <p>2 – Passport number in case of non – South Africans.</p> <p>3 – This information is required to enable the Municipality to comply with the Employment Equity Act, 1998.</p> <p>4 – This information will only be taken into account if it directly relates to the requirements of the position.</p> <p>5 – Applicants with substantial qualifications or work experience must attach a CV.</p> <p>ADDITIONAL INFORMATION</p> <p>Please attach certified copies of the following:</p> <ol style="list-style-type: none"> 1. Two recent testimonials 2. Proof of qualifications 3. Proof of good health 	A. THE ADVERTISED POST			
	Position for which you are applying for (as advertised)	Department in which the post is advertised		
Alternative post (in case there is more than 1 post)	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		Age		
ID Number ²				
Marital Status	Married	Single	Divorced	Other
Race ³	African	White	Coloured	Indian
Gender ³			FEMALE	MALE
Do you have a disability ³		YES	NO	
If yes, what is your disability?				
Are you a South African Citizen?		YES	NO	
If no, what is your Nationality?				
And do you have a valid work Permit?		YES	NO	
Do you have a driver's licence?		YES	Code	NO
Have you ever been convicted of a criminal offence or been dismissed from employment? ⁴		YES	NO	
Do you have any relative employed by Council?		YES	NO	
If yes, please submit details				
If your profession or occupation requires State or official registration, provide a date and particulars of registration.				
C. HOW DO WE CONTACT YOU				
Preferred language of correspondence?				
Contact telephone number during office hours/ cell phone number				
Postal Address				
Residential Address				
Preferred method of correspondence	Post	E-mail	Fax	
Correspondence contact details (in terms of above)				

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

E. QUALIFICATIONS⁵ (please ignore if you have attached a CV with these details)		
Name of School/Technical College	Highest standard/qualification obtained	Year Obtained
Tertiary education (complete for each qualification you have obtained)		
Name of Institution	Name of Qualification	Year Obtained
Current study (institution and qualification)		

F. WORK EXPERIENCE⁵ (please ignore if you have attached a CV with these information)							
Employer (start with current employer)	Post held	From		To		Reason for leaving	
		MM	YY	MM	YY		
Your current salary including allowances							
If you were previously employed in a municipality,						YES	NO
Is there any condition that exists which prevents your re-employment						YES	NO
If yes, provide the name of the previous employing municipality							

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

Emakhazeni Municipality

P O Box 17

BELFAST

1100

Municipal Manager

I, the undersigned hereby declare that the information given is true and correct in all respect. I undertake if appointed to commence duty on the date and salary agreed upon and conditions of employment as applicable. I do not have any objection should you contact my previous employers for reference purposes.

SIGNATURE

DATE

PLEASE NOTE: A PERSON WHO ACCEPTS APPOINTMENT BUT DO NOT REPORT FOR DUTY WILL BE LIABLE FOR ALL COSTS INCURRED FOR THE RE-ADVERTISEMENT OF THE VACANCY.