

Private Bag X03 Lady Grey 9755 Telephone (051) 603 1300 Facsimile (051) 603 0445 Website: www.sengu.gov.za

# APPLICATION FOR EMPLOYMENT

# **DIRECTIONS:**

- (a) Complete form in own handwriting with a black pen
- (b) Mark all the appropriate block with an X
- (c) Original certified certificates, curriculum vitae and other documents must be submitted with this application form.
- (d) All questions must be answered in full.

Position for which you are applying (as advertised)

# A. ADVERTISED POST

B. PERSONAL INFORMATION  Dr. Mr. Mrs. Miss. Other/Specify  Surname Maiden Name
Surname Maiden
First Name (in full)
Date Identity Number
of Birth

Race	African	Coloured	White	Indian	Foreign Nationals			
Marital Status	Single	Married	Divorced	Widower	Widow			
Do you have any disability	Yes			No				
Have you ever been convicted of a criminal offence or been dismissed form employment?	Yes			No				
Permanent Postal Address			Residential Address					
			<b>-</b>					
			_					
Postal Code:  Telephone Number:			Postal Code:  Other means of contact if no telephone:					
								Home: ( )
Fax: ( )								
Work:( )								
Cell: ( )								
email address:								

Number of Dependents: \_\_\_\_\_

Home Language: \_\_\_\_\_

C. LANGUAGE PR	OFICIENCY					
Stat	e – 'Good' , 'F	air' or 'Poo	r'			
Languages (specified)						
Speak						
Read						
Write						
D. QUALIFICATIO	NS					
Name of School / Technical Co	ollege	Highest q Obtained	ualification	Year	Obtained	
Obtained Tertiary education (c	omplete for ea	 ach qualifica	ation you obtaine	ed)		
Name of Institution		Name of Qualification			Year Obtained	
				I		
Subjects / Academic records						
1.		2.				
3. 5.			6.			
7.			8.			
9.			10			
11.		12	12.			
13.		14	14.			
APPRENTICESHIP						
Trade Qualified in:		Da	ate Received:			
Name of the Company where a	annrentice wa	s				
completed:	Approntice wa					

# **FURTHER STUDIES**

4.

_		-							
Are you curre	ntly study	ing or intending	to stuc	ly?					
Yes				N	0				
If yes please	specify:								
	Any othe	er Trainings not y	et liste	ed:					
	Member	rship of Institute,	Assoio	ciation:					•
E.	DRIVER	RS LICENSES							
ight Vehicle	le Heavy Vehic		cle Extra He Vehicle		avy	Motorcycle over 50 cc		Specify:	
Date Issued:									
F.	EXPERI	IENCE							
lame and Add		Position Held		ediate rvisor	Period of Service	ŧ	Wages / Salary	Reason	for leaving

ou were previously emported whether any cond					
mployment YEŚ/ NO I vious employing depar	f yes, provide t	the name of the			
nemployed please state					
mployment?					
Earliest date on w required per annu			?	Gross sala	ary
			vour procent om	nloverO If on give	
Do you have any oparticulars:	contractual obl	igations towards	your present em	ployer? II So, give	
G. REFERNO	CES				
Name two 2 perso concerning your a		vious employers	to whom confide	ntial refence may	be made
Name		Address and Te	elephone	Occupation	
1.		number			
2.					
Please mark with	an X in the rele	evant blocks			
(a) Have you dismissed		Yes		N	0
employme					
please sp					
(b) Is there a	ecify?				

case pending against you and if yes please specify?	
(c) Is there any disciplinary cases pending against you and if yes please specify?	
(d) Do you have any information would you like to declare?	

### H. FOR INDFORMATION

- (a) If any applicant is invited to the interview at the expense of the Municipality and such applicant, being offered the position, does not accept the appointment, the Municipality will not reimburse the applicant with the travelling and substance costs.
- (b) Any person canvasing with a view to being appointed to a post in the Municipality's service shall not be considered for an appointment.

# I. DECLARATION

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.

	YY	MM	DD
ignature of Applicant			