



Mantsopa local Municipality

Confidential

Telephone: 051 924 0654
 PO Box 64 Ladybrand
 Postal Code 9745

APPLICATION FOR EMPLOYMENT

1. Directions

- (a) Complete form in own handwriting
- (b) Mark the appropriate block with an "x"
- (c) Original certificates and documents must not be submitted with this application
- (d) All questions must be answered in full. This also applies to employees of the municipality.
- (e) * Is required for employment equity/affirmative action purposes

2. PARTICULARS OF POSITION APPLIED FOR

Designation of post:	_____	Department:	_____
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3. PERSONAL PARTICULARS

Surname:		*Male	<input type="checkbox"/>	*Female	<input type="checkbox"/>
		Identity No			
Christian Names:		*Disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Citizenship:	*Race:	*Nature of Disability:			
Permanent Postal Address:	Tel (Home): _____	Permanent Residential Address:			
	Tel (Work):				
Is any of your relatives employed by the Council?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If "Yes" state Name, Department and relationship					

4. EDUCATION

School				
Highest grade obtained:				Year:
Name of School:				Place:
Subjects passed:				
1.		5.		
2.		6.		
3.		7.		
4.		8.		
Post School Education (Certified copies to be attached)				
Name and Place of Institution		Period attended		Qualification Obtained
Subjects passed:				
1.		5.		
2.		6.		
3.		7.		
4.		8.		
APPRENTICESHIP				
Trade qualified in:			Date qualified:	
Name of company where apprenticeship was completed:				
Trade test (Mark with "X")	Passed <input type="checkbox"/>	Did not write <input type="checkbox"/>	Failed <input type="checkbox"/>	
FURTHER STUDIES				
Are you studying at the moment or do you intend to:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Particulars:				
OTHER TRAINING				
Any training not listed?				
PERMANENT DRIVERS LICENSES (Certified copies to be attached)				
Light Vehicle <input type="checkbox"/>	Heavy Vehicle <input type="checkbox"/>	Extra Heavy Vehicle <input type="checkbox"/>	Motorcycle over 50cc <input type="checkbox"/>	Other <input type="checkbox"/>
Date:	Date:	Date:	Date:	

5. EMPLOYMENT HISTORY

PRESENT AND PREVIOUS POSITIONS HELD (Start with the latest)					
Name and address of employer	Position Held	Immediate Supervisor	Period of Service	Wage/Salary per year	Reason for termination of service
			From: To:	R	
		Tel:	From: To:	R	
		Tel:	From: To:	R	
		Tel:	From: To:	R	
		Tel:	From: To:	R	
		Tel:	From: To:	R	
		Tel:	From: To:	R	
		Tel:	From: To:	R	
		Tel:	From: To:	R	
		Tel:	From: To:	R	
Are you employed at present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not state the period of unemployment?		
When can you assume duty?			Gross Salary Required	R	
REFERNCES					
Name 2 persons in a supervisory position at your previous employers to whom confidential references may be made concerning your application					
Name	Address and Business telephone number			Occupation	

6. FOR INFORMATION

Any person canvassing with a view to being appointed to a post in the Council's service shall not be considered for an appointment

7. 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 subject to the provisions of the SALGBC Collective Agreements on Conditions and Service, Discipline and Grievances and the Human Resources policy of the Council and any applicable legislation.

Date	Signature of Applicant

8. FOR OFFICE USE ONLY

Unsuccessful	Appointment	Transfer	Temporary	Permanent	Section 57
Designation:					
Department:			Division/Section:		
With effect from:			Salary Notch:		
Job Evaluation Job Level:					
Remarks:					
Approved					
Head of Department			Manager Responsible for Human Resources		
Date:			Date:		