

# MAQUASSI HILLS LOCAL MUNICIPALITY

*“Diamond of the Platinum Province”*

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## APPLICATION FOR EMPLOYMENT

**DIRECTIONS:**

- A. COMPLETE THE FORM IN YOUR OWN HANDWRITING WITH A BLACK PEN
- B. MARK THE APPROPRIATE BLOCK WITH AN “X”
- C. ORIGINAL CERTIFICATES AND DOCUMENTS **MUST NOT** BE SUBMITTED WITH THIS APPLICATION. ATTACH CERTIFIED COPIES.
- D. ALL QUESTIONS MUST BE ANSWERED IN FULL

**POSITION APPLIED FOR:**

**1. PERSONAL PARTICULARS**

<b>TITLE:</b>	DR	MR	MRS	MISS	<b>GENDER:</b>	MALE	FEMALE	
<b>SURNAME</b>					<b>MAIDEN NAME:</b>			
<b>FIRSTNAMES (IN FULL):</b>								
<b>DATE OF BIRTH:</b>			<b>AGE:</b>			<b>TRAVEL DOCUMENT/PASPORT/ID NUMBER</b>		
<b>CITIZENSHIP:</b>								
<b>MARITAL STATUS:</b>	SINGLE		MARRIED		DIVORCED		WIDOWER WIDOW	
<b>POSTAL ADDRESS:</b>					<b>TEL. (HOME)</b>		<b>CELL PHONE NO.:</b>	
					<b>TEL. (WORK)</b>		<b>EMAIL ADDRESS:</b>	

<b>LANGUAGE PROFICIENCY</b>				
INDICATE IN THE SCHEDULE BELOW PROFICIENCY AS “GOOD” “FAIR” “POOR”				
	READ	WRITE	SPEAK	UNDERSTAND
AFRIKAANS				
ENGLISH				
SETSWANA				
OTHER:				

**2. EDUCATION**

SCHOOL DETAILS					
HIGHEST QUALIFICATION OBTAINED:	YEAR:	ACADEMICAL:	COMMERCE:	PRACTICAL:	OTHER:
NAME OF SCHOOL:			PLACE:		
SUBJECTS PASSED:					
1.			5.		
2.			6.		
3.			7.		
4.			8.		

**3. TERTIARY/POST SCHOOL EDUCATION**

NAME OF INSTITUTION:	PERIOD ATTENDED:			QUALIFICATION OBTAINED:
	FROM		TO	
	:		:	
SUBJECTS PASSED:				
1.		6.		
2.		7.		
3.		8.		
4.		9.		
5.		10.		

**4. APPRENTICESHIP**

<b>TRADE QUALIFIED IN:</b>				<b>DATE:</b>	
NAME OF COMPANY WHERE APPRENTICESHIP WAS DONE:					
<b>TRADE TEST</b>	YES	NO	<b>DATE PASSED:</b>		
PASSED		<b>FAILED</b>	<b>CONTRACT NUMBER:</b>		
<b>FURTHER STUDIES:</b>					
ARE YOU STUDYING AT THE MOMENT? ..... PARTICULARS OF STUDIES: .....					

**5. OTHER TRAINING OR COURSES ATTENDED**

(ONLY TRAINING NOT MENTIONED BEFORE)		
COURSE ATTENDED:	INSTITUTION	YEAR

**6. MEMBERSHIP OF INSTITUTES/ASSOCIATIONS:**

INSTITUTE/ASSOCIATION	CATEGORY OF MEMBERSHIP	DATE REGISTERED	NUMBER

**7. EXPERIENCE**

PRESENT AND PREVIOUS POSITIONS HELD (Start with latest)					
NAME AND ADDRESS OF EMPLOYER	POSITION HELD	NAME AND TEL OF IMMEDIATE SUPERVISOR	PERIOD OF SERVICE	WAGE/SALARY	REASON FOR TERMINATION OF SERVICE
			FROM & TO		
			FROM & TO		
			FROM & TO		
			FROM & TO		
			FROM & TO		

ARE YOU EMPLOYED AT PRESENT? ..... IF NOT, STATE PERIOD OF UNEMPLOYMENT:  
 .....

<b>GROSS SALARY REQUIRED</b>	R .....
<b>ANY CONTRACTUAL OBLIGATIONS TOWARDS PRESENT EMPLOYER:</b>	

**8. GENERAL**

<b>DO YOU HAVE A DRIVERS LICENCE?</b>				<b>YES</b>	<b>NO</b>
IF YES INDICATE CODE:		LICENCE NUMBER:		<b>DATE ISSUED:</b>	<b>EXPIRY DATE:</b>
<b>HAVE YOU EVER BEEN:-</b>					
* CONVICTED OF A CRIMINAL OFFENCE?				<b>YES</b>	<b>NO</b>
* DISMISSED FROM EMPLOYMENT?				<b>YES</b>	<b>NO</b>
* IS ANY CRIMINAL CASE PENDING AGAINST YOU?				<b>YES</b>	<b>NO</b>
IF SO, STATE THE PARTICULARS: .....					
.....					
.....					
<b>ARE YOU MEMBER OF A REGISTERED MEDICAL FUND? YES/NO</b>			IF YES, NAME THE FUND:		
<b>HAVE YOU EVER BEEN A MEMBER OF A MUNICIPAL PENSION FUND? YES/NO</b>			IF YES, NAME THE FUND:		
			FROM: ..... TO: .....		

**9. REFERENCES**

<b>NAME 2 PREVIOUS EMPLOYERS TO WHOM CONFIDENTIAL REFERENCE CHECKS CAN BE MADE CONCERNING YOUR APPLICATION.</b>		
<b>NAME</b>	<b>OCCUPATION</b>	<b>TEL NUMBER</b>

**10. FOR INFORMATION**

<b>ANY OTHER INFORMATION TO MOTIVATE YOUR APPLICATION:</b>

**11. DECLARATION**

<p><b>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 POLICIES OF COUNCIL AND ANY APPLICABLE LEGISLATION THAT GOVERNS COUNCIL.</b></p> <p><b>I AGREE THAT I SHALL BE LIABLE FOR ANY COSTS INCURRED BY COUNCIL IF I AM APPOINTED BY COUNCIL AND THE APPOINTMENT IS NOT ACCEPTED BY ME.</b></p> <p><b>I UNDERSTAND THAT ANY PERSON CANVASSING TO BE APPOINTED TO A POST IN THE COUNCIL'S SERVICE, SHALL NOT BE CONSIDERED FOR APPOINTMENT.</b></p> <p><b>I UNDERSTAND THAT IF I DO NOT RECEIVE NOTICE TO ATTEND AN INTERVIEW WITHIN THREE WEEKS AFTER CLOSING DATE OF THE POSITION, I HAVE TO ACCEPT THAT MY APPLICATION WAS UNSUCCESSFUL AND THAT NO FURTHER CORRESPONDENCE SHALL BE FORWARDED.</b></p>			
<b>SIGNATURE:</b>		<b>DATE:</b>	