



## 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

TITLE:	DR	MR	MRS	MISS	GENDER	MALE	FEMALE	
SURNAME:					MAIDEN NAME:			
FIRSTNAMES (IN FULL):					HOME LANGUAGE:			
DATE OF BIRTH:	AGE:		TRAVEL DOCUMENT		PASPORT	ID NUMBER		
CITIZENSHIP:								
MARITAL STATUS:	SINGLE	MARRIED	DIVORCED		WIDOWER	WIDOW		
POSTAL ADDRESS:					TEL. (HOME)	CELL PHONE NO.:		
					TEL. (WORK)	EMAIL ADDRESS:		
LANGUAGE PROFICIENCY INDICATE IN THE SCHEDULE BELOW PROFICIENCY AS "GOOD" "FAIR" "POOR"								
LANGUAGE PROFICIENCY:	READ	WRITE	SPEAK		UNDERSTAND			
AFRIKAANS								
ENGLISH								
SETSWANA								
OTHER:								

#### VISION

To be a leading category B Municipality in the country. 1

#### MISSION

"To provide quality and sustainable basic services to our community, cost-effectively, in a manner that supports growth and development with our municipality"

**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**

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

**5. OTHER TRAINING OR COURSES ATTENDED**

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

(ONLY TRAINING NOT MENTIONED BEFORE)

**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		

**PRESENT AND PREVIOUS POSITIONS HELD (Start with latest)**

			FROM & TO		
			FROM & TO		
			FROM & TO		

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

GROSS SALARY REQUIRED R ..... PER YEAR

ANY CONTRACTUAL OBLIGATIONS TOWARDS PRESENT EMPLOYER: PARTICULARS OF OBLIGATIONS:

**8. GENERAL**

DO YOU HAVE A DRIVERS LICENCE?		YES	NO
IF YES INDICATE CODE:	LICENCE NUMBER:	DATE ISSUED: EXPIRY DATE:	
HAVE YOU EVER BEEN:-			
* CONVICTED OF A CRIMINAL OFFENCE?		YES	NO
* DISMISSED FROM EMPLOYMENT?		YES	NO
* IS ANY CRIMINAL CASE PENDING AGAINST YOU?		YES	NO
IF SO, STATE THE PARTICULARS: .....			
.....			
.....			

ARE YOU MEMBER OF A REGISTERED MEDICAL FUND? YES/NO	IF YES, NAME THE FUND:
HAVE YOU EVER BEEN A MEMBER OF A MUNICIPAL PENSION FUND? YES/NO	IF YES, NAME THE FUND:  FROM: ..... TO: .....

**9. REFERENCES**

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

**10. FOR INFORMATION**

ANY OTHER INFORMATION TO MOTIVATE YOUR APPLICATION:

**11. DECLARATION**

<p>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.</p> <p>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.</p> <p>I UNDERSTAND THAT ANY PERSON CANVASSING TO BE APPOINTED TO A POST IN THE COUNCIL'S SERVICE, SHALL NOT BE CONSIDERED FOR APPOINTMENT.</p> <p>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.</p>	
SIGNATURE:	DATE:

**LATE ARRIVALS OF APPLICATIONS WILL NOT BE CONSIDERED.**