

MAQUASSI HILLS LOCAL MUNICIPALITY

“Diamond of the Platinum Province”

Private Bag X 3
19 Kruger Street
WOLMARANSSTAD
2630

Telephone: (0180 596-1050
Facsimile: 0866151281
E-mail: jeffersonl@maquassihills.org

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):							
DATE OF BIRTH:			AGE:			HOME LANGUAGE:	
CITIZENSHIP:							
		MARITAL STATUS:		SINGLE	MARRIED	DIVORCED	WIDOWER
POSTAL ADDRESS:				TEL. (HOME)		CELL PHONE NO.:	
				TEL. (WORK)		EMAIL ADDRESS:	

LANGUAGE PROFICIENCY				
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

TRADE QUALIFIED IN:				DATE:	
NAME OF COMPANY WHERE APPRENTICESHIP WAS DONE:					
TRADE TEST	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

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:

GROSS SALARY REQUIRED	R
ANY CONTRACTUAL OBLIGATIONS TOWARDS PRESENT EMPLOYER:	

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:	