



EMALAHLENI MUNICIPALITY



37 Indwe Road
Private Bag X1161
Lady Frere, EASTERN CAPE 5410
Tel: 047 878 2000 Fax: 047- 878 0112
www.emalahlenilm.gov.za

APPLICATION FOR EMPLOYMENT

DIRECTIONS:

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

Position for which you are applying (as advertised)

A: PERSONAL PARTICULARS

Dr		Mr		Mrs		Miss		Other/Specify	
Surname	.....				Maiden Name	.....			
First Names (in Full)		.....							
YY MM DD									
Date of Birth				Identity Number					
Home Language Number of Dependants									
Race				African	White	Coloured	Indian	Other	
Marital Status (single, married, divorced, widower, widow)									

Permanent Postal Address: code.....	Residential Address: code.....
Telephone Number: Home (.....)..... Fax (.....)..... Work (.....)..... Cell	Other means of contact if no telephone:

E-mail address:

B. LANGUAGE PROFICIENCY: STATE - “GOOD”, “FAIR” OR “POOR”

LANGUAGE	READ	SPEAK	WRITE

C. SCHOOL

Highest Standard Obtained	.....	Year	.....	Academic		Technical		Commerce		Practical	
Name of School	.....				Place	.....					
Subjects Passed:											
1						4					
2						5					
3						6					
						7					

TERTIARY EDUCATION

Name of Institution	Period attended From	To	Qualifications
.....			
.....			
.....			
.....			
.....			

Subjects passed (highest level):	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

APPRENTICESHIP

Trade qualified in:	.....	Date:	.....
Name of the company where apprenticeship was completed:	.....		

Trade Test	Passed	Did not write	Failed	If passed state: Contract No: .....Date:
------------	-------------------	--------------------------	-------------------	---

FURTHER STUDIES

Are you studying at the moment or do you intend to?
.....
.....
Particulars:

OTHER TRAINING

Any other training not yet listed:
.....
.....
.....
Membership of Institute, Association:
.....
.....
.....

D. DRIVERS LICENCES

Light Vehicle	Heavy Vehicle	Extra Vehicle	Heavy	Motorcycle 50 cc	Over	Specify
Date Issued:						

E. EXPERIENCE

PRESENT AND PREVIOUS POSITIONS HELD (Start with latest)

Name and Address	Position Held	Immediate Supervisor	Period of Service	Wages/ per Salary	Reason for termination of Service
1.....		tel..... .....	..... ..... ..... .....	R..... Week Month Year	..... ..... ..... .....
2.....		tel..... .....	..... ..... ..... .....	R..... Week Month Year	..... ..... ..... .....
3.....		tel..... .....	..... ..... ..... .....	R..... Week Month Year	..... ..... ..... .....
4.....		tel..... .....	..... ..... ..... .....	R..... Week Month Year	..... ..... ..... .....

Are you employed at present? If no, state period of unemployment:

Earliest date on which duties can be commenced? Gross salary required: R/year

Do you have any contractual obligations towards your present employer? If so, thus particulars:

.....
.....

F. REFERENCES

Name two (2) persons at your previous employers to whom confidential reference may be made concerning your application:

Name	Address and Telephone number	Occupation
.....		
.....		
.....		

MARKS WITH AN X IN THE RELEVANT BLOCKS

(a) Have you ever been dismissed from employment?

YES

NO

(b) is there any criminal case pending against you?

YES

NO

(c) Is there any disciplinary case pending against you?

YES

NO

(d) Do you have any disability?

YES

NO

(e) Any other information you would like to declare?

.....

H. FOR INFORMATION

(a) Any person canvassing 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 the above particulars are to the best of my knowledge, true and I understand and accept that if I am appointed, my appointed will be subject to the Conditions of Service and Policy of the Municipality and any applicable legislation.

YY	MM	DD

Signature:.....