

EMAKHAZENI LOCAL MUNICIPALITY

P.O. BOX 17, BELFAST, 1100

25 SCHEPPERS STREET, BELFAST, 1100

TEL: 013 253 7600



APPLICATION FORM EXPANDED PUBLIC WORKS PROGRAMME

TERMS AND CONDITIONS

- 1.The purpose of this form is to assist the municipality to select suitable candidates for an advertised post
- 2.This form must be completed in full, accurately and legibly. All substantial information relevant to a candidate must be provided in this form. Any additional information may be provided on the attached C.V.
3. Candidates shortlisted for interviews may be requested to furnish additional information.
4. All information received will be treated with strictly confidentiality and will not be used for any other purpose than to assess the suitability of the candidate

A. DETAILS OF THE ADVERT (as reflected on the advert)

Advertised post applying for

B. PERSONAL DETAILS

Surname

First Names

ID or Passport Number

Race

African

Coloured

Indian

White

Gender

Female

Male

Do you have a disability

Yes

No

If Yes, elaborate

Are you a South African Citizen

Yes

No

If Not, what is your nationality

Work Permit Number, if any

Physical Address

Ward Number

C. CONTACT DETAILS

Preferred Language for Correspondence

Telephone Number during office hours

Preferred method for correspondence

Post

Email

Fax

Correspondence details (in terms of the above)

D. QUALIFICATIONS (additional information may be provided on the CV)

Name of School/Technical College

Highest Qualification Obtained

Year Obtained

Name of Institution

Name of the Qualification

NQF Level

Year Obtained

E. WORK EXPERIENCE (additional information may be provided on your CV)							
Employer (Start with the recent)	Position	From		To		Reason for Leaving	
		MM	YY	MM	YY		
If you were previously employed in local government, indicate whether any condition exists that prevents your re-employment					Yes		No
If yes, provide the name of the previous employing municipality							

F. DISCIPLINARY RECORD		
Have you been dismissed for misconduct during the past 10 years	Yes	No
If yes, Name of Municipality/Institution		
Type of Misconduct/Transgression		
Date of Resignation/Disciplinary case finalized		
Award/Sanction		
Have you been accused of alleged misconduct and resigned from your job pending disciplinary proceedings?	Yes	No

G. CRIMINAL RECORD		
Were you convicted of any criminal offense in a court of law during the past ten (10) years	Yes	No
If yes, type of the criminal act		
Date criminal case finalized		
Outcome/Judgement		

H. REFERENCE			
Name of Reference	Relationship	Tel (Office hours)	Email

I. DECLARATION	
I hereby declare that all the information provided in this application and any attachments in support thereof is to the best of my knowledge true and correct. I understand that any misrepresentation or failure to disclose any information may lead to my disqualification or termination of my employment contract, if appointed	
Signature:	Date: