



# MAKHUDUTHAMAGA LOCAL MUNICIPALITY

*Mmogo re šomela diphetogo!*

## FREE OF CHARGE

ADDRESS TO:  
THE MUNICIPAL MANAGER  
FOR ATT: SENIOR MANAGER CORPORATE SERVICES  
Private Bag X434  
Jane Furse  
1085

TEL: (013) 265 8600  
web: [www.makhuduthamaga.gov.za](http://www.makhuduthamaga.gov.za)

## APPLICATION FOR EMPLOYMENT CONFIDENTIAL

**Please note:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• A separate application form should be completed for each post you apply for</li> <li>• Incomplete or incorrect information on a application form will disqualify an applicant</li> <li>• Canvassing for appointment will disqualify an applicant</li> <li>• NO ORIGINAL certificates or CV's should be attached to this form, only certified copies thereof must be attached</li> <li>• Unsuccessful forms/documents will be disposed after 24 months</li> </ul> | <ul style="list-style-type: none"> <li>• Should you not be contacted within 3 months after the closing date you should regard this application as unsuccessful.</li> <li>• After familiarizing myself with the advertised requirements, I hereby apply for the following position.</li> <li>• The applicant must have a residential and postal address and is compulsory.</li> </ul> |
|---|--|

<b>Advertised position:</b> .....  <div style="text-align: right;"> <input type="checkbox"/>      <input type="checkbox"/> </div> <b>Earliest date on which duty can be assumed:</b> .....
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<b>INTERNAL EMPLOYEES</b>	<b>Pay number:</b> .....	<b>Current position:</b> .....	
<b>Employment status (indicate √)</b>	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	Contract <input type="checkbox"/>

**A. PERSONAL PARTICULARS**

<b>Surname:</b> .....	<b>ID no:</b> .....			
<b>First Names:</b> .....	<b>SARS (Tax) No.:</b> .....			
Married <input type="checkbox"/>	Single <input type="checkbox"/>	Do you have a bank account	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Postal Address:</b> .....		<b>Postal code:</b> .....		
<b>Residential Address:</b> .....		<b>Postal code:</b> .....		
<b>Telephone numbers: Home:</b> .....		<b>Work:</b> .....		<b>Cell:</b> .....
<b>Kindly furnish the name of an alternate contact person in the event of you not being available at the above telephone number:</b>				
<b>Name:</b> .....		<b>Telephone no.:</b> .....		
<b>Are you a South African citizen? Please indicate with √</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**B. EMPLOYMENT EQUITY MONITORING INFORMATION**

<b>Race:</b> Please indicate with √	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian <input type="checkbox"/>	White <input type="checkbox"/>
<b>Gender:</b> Please indicate with √	Male <input type="checkbox"/>		Female <input type="checkbox"/>	
<b>Health / Disability</b> Please provide details of any physical disabilities and/or any other: ..... .....				

**C. SECONDARY & TERTIARY QUALIFICATIONS**

Name of School		Town :	Province of school
Highest Std/Grade Passed		Date obtained	
Subjects Passed			

Name of Tertiary Institution(s)		
Qualification obtained:		
Date obtained:		
Subjects passed:	MAJOR	OTHERS

IF YOU ARE STUDYING AT PRESENT, GIVE FULL DETAILS:

.....  
 .....

**APPRENTICESHIP / LEARNERSHIP / OTHER**

Trade: ..... Qualified Unqualified Please indicate with ✓

Name of Institution: ..... Registration date: .....

Other qualifications obtained: .....

Are you a member of a professional association? Please indicate with ✓ Yes / No Please provide details:  
 .....

Additional courses attended:  
 .....

**D. RECOGNITION OF PRIOR LEARNING**

State clearly any relevant knowledge and skills obtained that can be linked to the requirements as advertised.

Knowledge of: ..... .....	Skilled in: (e.g. computers, supervision) ..... .....
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**E. GENERAL**

Language proficiency Please indicate with ✓	English			Other:			Other:		
	Good	Fair	Weak	Good	Fair	Weak	Good	Fair	Weak
Write									
Read									
Speak									
Understand only									

Are you in possession of a driver's licence? **Yes / No** Date issued: ..... Type: .....

If endorsed, specify: .....

Are you in possession of a PDP license? **Yes/No** Date issued: ..... Expiry Date: .....

Have you ever been convicted of a criminal offence, which may impact on the post you are applying for? **Yes**  **No** :

**F. WORKING EXPERIENCE / EMPLOYMENT RECORD**

Are you presently employed? Please indicate with ✓						
		<table border="1" style="display: inline-table;"> <tr> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">No</td> </tr> </table>	Yes	No		
Yes	No					
Current / Last Employer	Position held	Nature of duties	Period of service			
Name: ..... Address: ..... ..... Tel. No.: .....	..... ..... .....	..... ..... .....	From: ..... To: ..... Reason for change: ..... .....			
Previous Employer(s)	Position held	Nature of duties	Period of service			
Name: ..... Address: ..... ..... Tel. No.: .....	..... ..... .....	..... ..... .....	From: ..... To: ..... Reason for change: ..... .....			
Name: ..... Address: ..... ..... Tel. No.: .....	..... ..... .....	..... ..... .....	From: ..... To: ..... Reason for change: ..... .....			
Name: ..... Address: ..... ..... Tel. No.: .....	..... ..... .....	..... ..... .....	From: ..... To: ..... Reason for change: ..... .....			

**G. REFERENCES**

I hereby certify that the above-mentioned information is to the best of my knowledge true and correct. I accept that, in the event of my application being successful, any information to the contrary will lead to immediate dismissal. I have acquainted myself with the content of the main duties stated in the advertisement of the post and declare that I am fit to fulfil the duties.

I hereby give permission to the Makhuduthamaga Local Municipality to contact any person at my current or previous employer(s) and/or relevant institution to obtain a detailed reference regarding my general conduct, work performance-history, behavior etc. With the exception of the following, who must not be contacted?

Reason: \_\_\_\_\_

I also give consent that this information together with any relevant information like findings by a medical practitioner, criminal record and any other relevant information be made available to Makhuduthamaga Local Municipality.

The following people can be contacted for reference purposes:

Name : Initials & Surname	Position	Institution	Contact numbers
1.			
2.			
3.			

**H. DECLARATION**

I hereby confirm that the following people who are involved in the activities of the Makhuduthamaga Local Municipality either as a Councillor or an official, is related to me.

NONE:

<u>NAME &amp; SURNAME</u>	<u>RELATIONSHIP</u>	<u>POSITION OR DESIGNATION</u>	<u>DEPARTMENT</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

SIGNATURE: .....

DATE: .....

**NB:** Please initial each page in the right hand bottom corner and sign next to each correction made by you on this form.  
Council reserves the right not to proceed with an appointment for any vacant position.