



Private Bag X03
Lady Grey
9755
Telephone (051) 603 1300
Facsimile (051) 603 0445
Website: www.senqu.gov.za

APPLICATION FOR EMPLOYMENT

DIRECTIONS:

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

A. ADVERTISED POST

Position for which you are applying (as advertised)

B. PERSONAL INFORMATION

| | | | | | | | | | |
|-----|--|-----|--|------|--|-------|--|-------------------|--|
| Dr. | | Mr. | | Mrs. | | Miss. | | Other/ Specify | |
|-----|--|-----|--|------|--|-------|--|-------------------|--|

| | | | |
|---------|--|----------------|--|
| Surname | | Maiden Name | |
|---------|--|----------------|--|

| | |
|----------------------|--|
| First Name (in full) | |
|----------------------|--|

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date of Birth | | | | | Identity Number | | | | | | | | | | | | | | |
| Home Language: _____ Number of Dependents: _____ | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|---|---------|----------|----------|---------|-------------------|
| Race | African | Coloured | White | Indian | Foreign Nationals |
| Marital Status | Single | Married | Divorced | Widower | Widow |
| Do you have any disability | Yes | | | No | |
| Have you ever been convicted of a criminal offence or been dismissed from employment? | Yes | | | No | |

| | |
|---|---|
| Permanent Postal Address Postal Code: | Residential Address Postal Code: |
| Telephone Number: Home: () _____ Fax: () _____ Work: () _____ Cell: () _____ | Other means of contact if no telephone: |
| email address: | |

C. LANGUAGE PROFICIENCY

| State – 'Good' , 'Fair' or 'Poor' | | | |
|-----------------------------------|--|--|--|
| Languages (specified) | | | |
| Speak | | | |
| Read | | | |
| Write | | | |

D. QUALIFICATIONS

| Name of School / Technical College | Highest qualification Obtained | Year Obtained |
|--|--------------------------------|---------------|
| | | |
| Obtained Tertiary education (complete for each qualification you obtained) | | |
| Name of Institution | Name of Qualification | Year Obtained |
| | | |
| | | |
| | | |

| Subjects / Academic records | |
|-----------------------------|-----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |
| 11. | 12. |
| 13. | 14. |

| APPRENTICESHIP | |
|---|----------------|
| Trade Qualified in: | Date Received: |
| Name of the Company where apprentice was completed: | |

FURETHER STUDIES

Are you currently studying or intending to study?

Yes

No

If yes please specify:

Any other Trainings not yet listed:

Membership of Institute, Association:

E. DRIVERS LICENSES

| | | | | |
|---------------|---------------|---------------------|-----------------------|----------|
| Light Vehicle | Heavy Vehicle | Extra Heavy Vehicle | Motorcycle over 50 cc | Specify: |
| Date Issued: | | | | |

F. EXPERIENCE

| Name and Address | Position Held | Immediate Supervisor | Period of Service | Wages / Salary | Reason for leaving |
|------------------|---------------|----------------------|-------------------|----------------|--------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| If you were previously employed in the Public Service, indicate whether any condition exists that prevents your re-employment YES/ NO If yes, provide the name of the previous employing department / Municipality. | | | | | |
| If unemployed please state the period of unemployment? | | | | | |

Earliest date on which duties can be commenced? _____ Gross salary required per annum: _____

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

G. REFERENCES

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

| Name | Address and Telephone number | Occupation |
|------|------------------------------|------------|
| 1. | | |
| 2. | | |

Please mark with an X in the relevant blocks

| | | |
|--|-----|----|
| (a) Have you ever been dismissed from employment and if yes please specify? | Yes | No |
| (b) Is there any criminal case pending against you and if yes please specify? | | |
| (c) Is there any disciplinary cases pending against you and if yes please specify? | | |
| (d) Do you have any information would you like to declare? | | |

H. FOR INFORMATION

- (a) If any applicant is invited to the interview at the expense of the Municipality and such applicant, being offered the position, does not accept the appointment, the Municipality will not reimburse the applicant with the travelling and substance costs.
- (b) 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 all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.

| | | |
|----|----|----|
| YY | MM | DD |
| | | |

Signature of Applicant