



JOE GQABI DISTRICT MUNICIPALITY

Private Bag X102
 Barkly East
 9786
 Tel No: (045) 979 3000
 Fax No: (045) 971 0251

APPLICATION FOR EMPLOYMENT

DIRECTIONS:

- (a) Complete form in own handwriting with a black pen.
- (b) Mark the appropriate block with an X.
- (c) Original certificates and other documents must be submitted with this application. Attach certified copies only.
- (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		
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		Commence		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:
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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 Heavy Vehicle	Motorcycle Over 50 cc	Specify
Date Issued:				

E. EXPERIENCE

PRESENT AND PREVIOUS POSITIONS HELD (Start with latest)

Name and Address	Position Held	Immediate Supervisor	Period of Service	Wages/ Salary per	Reason for termination of Service			
1. tel	R..... <table border="1"><tr><td>Week</td><td>Month</td><td>Year</td></tr></table>	Week	Month	Year
Week	Month	Year						
2. tel.....	R..... <table border="1"><tr><td>Week</td><td>Month</td><td>Year</td></tr></table>	Week	Month	Year
Week	Month	Year						
3. tel.....	R..... <table border="1"><tr><td>Week</td><td>Month</td><td>Year</td></tr></table>	Week	Month	Year
Week	Month	Year						
4. tel.....	R..... <table border="1"><tr><td>Week</td><td>Month</td><td>Year</td></tr></table>	Week	Month	Year
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) If any applicant is invited to an interview at the expense of the District Municipality and such applicant, being offered the position, does not accept the appointment, the District Municipality will not reimburse the applicant with the travelling and subsistence costs.
- (b) Any person canvassing with a view to being appointed to a post in the District 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 understand and accept that if I am appointed, my appointed will be subject to the Conditions of Service and Policy of the District Municipality and any applicable legislation.

YY	MM	DD

Signature:.....