MKHAMBATHINI LOCAL MUNICIPALITY APPLICATION FORM

(To be attached with relevant documents unless indicated).

We ensure that everyone enjoys equal opportunity and fair treatment in the workplace as enacted by the Employment Equity Act.

3	ECTION A:	PERSON	AL DETAILS (PI	ease mark	with A whe	re applicab	ie)	
First Name(s):					Surname:			
ID/Passport Number:					Gender	Female	Male	
Race:	African	White	Coloured	Indian	Email:			
					Cell no:			
Physical Address:				Disability: Yes No If yes, please elaborate:				
Are you a South African citizen? Yes No If not, what is your nationality?			Have you ever been dismissed for misconduct during the past ten (10) years? Yes No If yes, Name of municipality/Employer:					
Do you have a valid work permit? Yes No				Type of a misconduct/transgression: Date of resignation/Disciplinary case finalization/Dismissal: Award/Sanction: Have you been accused of an alleged misconduct and resigned from your job pending finalization of the disciplinary proceedings? Yes No				
Do you hold a professional membership with any professional body? Yes No If yes, name of professional body: Membership number: Expiry date:			 Have you ever been convicted of any crime during the past ten (10) years? Yes □ No □ If yes, type of criminal offence: Date criminal case finalized: Outcome/Judgment: 					
If selected f	or employme	nt, will you	be willing to submit	a pre-verificat No □	tion of qualific	ations?		
163 []								

SECTION B: APPLICATION DETAILS

Position you are applying for:

Notice service period:

QUALIFICATIONS (please elaborate on your CV) Highest educational qualification obtained

Name of school	Highest grade	Highest grade				
Highest tertiary qualification obtained						
Name of institution	Name of qualification	NQF Level	Year obtained			
1.						
2.						
3.						

WORK EXPERIENCE (please elaborate on your CV)

Employer (starting with the most recent)	Post held	From	From			Reason for leaving
		Month	Year	Month	Year	
1.			Í			
2.						
3.						

REFERENCES

Name of Referee	Relationship	Tel (Office hours)	Cellphone No.	Email
1.				
2.				
3.				

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: _____