EMADLANGENI LOCAL MUNICIPALITY

APPLICATION FORM FOR EMPLOYMENT

Advertised post applying for					
Reference number					
Name of municipality					
Notice service period					
PERSONAL DETAILS					
Surname					
First Names					
ID or Passport					
Gender	Male			Female	
Race	African	White	Coloured	Indian	
Do you have a disability?	YES	NO	If yes, elaborate		
Are you south African Citizen	YES	NO	If not, what is your nationality?		
			Do you have a valid work permit?	YES	NO
Do you hold a professional membership with any professional body?	YES	NO	Name of professional body	Membership Number	Expiry date

CONTACT DETAILS			
Telephone number duration office hours	( )		
Mobile phone number			
Postal address			
			Code
Email Address			
Preferred language of communication			
QUALIFICATIONS (please elaborate on your CV)			
Highest education qualification obtained			
Name of the school		Highest Grade	Year Obtained
Highest tertiary qualification obtained			
Name of Institution	Name of qualification	NQF LEVEL	YEAR OBTAINED

WORK EXPERIENCE (Please Elaborate On Your CV)						
Employer (starting with the most recent)	Post held	FROM		To		Reason for leaving
		Month	Year	Month	Year	

DISCIPLINARY RECORD				
Have you been dismissed for misconduct during the past ten (10) years?	Yes		No	
If yes, Name of municipality / Employer				
Type of a misconduct/ Transgression				
Date of Resignation/ Disciplinary case finalised/ Dismissal				
Award/ sanction				
Have you been accused of an alleged misconduct and resigned from your job pending finalisation of the disciplinary proceedings?	Yes		No	

CRIMINAL RECORD			
Have you been convicted of any criminal offence in a court of law	Yes	No	
If yes, types of criminal act			
Date criminal case finalised			
Outcome / Judgment			

REFERENCES (please elaborate on your cv)

Name of referee	Relationship	Tel (office hours)	Cellphone Number	Email

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 information may lead to my disqualification or termination of my employment contract, if appointed

Signature:	Date: