



ENDUMENI

PRIVATE BAG 2024, DUNDEE, 3000

This form must be completed in your own hand writing

APPLICATION FOR EMPLOYMENT

1. ADVERTISED POST	
Position for which you are applying (as advertised):	Salary Required:
Department where the position was advertised:	When can you assume duty?

2. PERSONAL INFORMATION				
SURNAME:				
FIRST NAMES				
IDENTITY NO:		TEL NO:		
RESIDENTIAL ADDRESS:				
		CODE		
POSTAL ADDRESS:				
		CODE		
DRIVERS LICENSE:	YES	NO	CODE:	
RACE:	AFRICAN	WHITE	INDIAN	COLOURED
MARITAL STATUS:	MARRIED	SINGLE	DIVORCED	WIDOW/WIDOWER
GENDER:	FEMALE		MALE	
DO YOU HAVE ANY DISABILITIES?	YES	NO		
ARE YOU A SOUTH AFRICAN CITIZEN?	YES	NO		
DO YOU HAVE ANY RELATIVE WORKING FOR THE ENDUMENI MUNICIPALITY?	YES	NO		

3. QUALIFICATIONS
Please attach certified copies(Not Original Documents) of certificates, Diplomas and Degrees. etc.

3.1 SECONDARY EDUCATION

NAME OF SCHOOL / TECHNICAL COLLEGE	HIGHEST STANDARD OR GRADE PASSED?

3.2 TERTIARY EDUCATION

NAME OF INSTITUTIONS	QUALIFICATION OBTAINED

4. LANGUAGE PROFICIENCY
(Please State 'Good', 'Fair' or 'Poor')

	LANGUAGES (PLEASE SPECIFY)			
SPEAK				
READ				
WRITE				

5. WORK EXPERIENCE
(Please complete in full even if a CV is attached)

5.1 MUNICIPAL WORK EXPERIENCE

EMPLOYER (Including Current Employer)	POSITION HELD	FROM		TO	
		MM	YY	MM	YY
1.)					
2.)					
3.)					

5.2 OTHER WORK EXPERIENCE					
EMPLOYER (Including Current Employer)	POSITION HELD	FROM		TO	
		MM	YY	MM	YY
1.)					
2.)					
3.)					
4.)					

6. REFERENCES		
<i>Please indicate names of references from whom confidential information may be obtained concerning your application</i>		
NAME	RELATIONSHIP TO YOU	TELEPHONE NO.

7. DECLARATION BY APPLICANT

1. I hereby declare the foregoing particulars are to my knowledge true and correct.

2. I regard the completion of this application form for the post mentioned above as an offer to assume duty in accordance with the conditions attached to the post mentioned. Should, therefore, COUNCIL appointment me and I do not comply with the offer, the COUNCIL can at its discretion:
 - (a) refuse to pay my subsistence and travelling costs (if any); and/or
 - (b) hold me liable for damages, which the COUNCIL may suffer as a result of my failure to assume duty.

3. I declare that the above particulars are complete and correct and I understand that any false information supplied or withholding of information which could influence my appointment could lead to my immediate discharge.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE

Mr/Mrs/Miss _____

Is hereby appointed to the post of _____

On R_____ **(Salary notch) per annum of salary scale**

_____ **with effect from** _____.

HEAD OF DEPARTMENT

FINANCIAL MANAGER

MUNICIPAL MANAGER