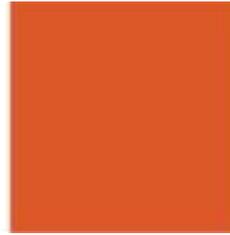




MOHOKARE
LOCAL MUNICIPALITY



P. O. Box 20, Zastron, 9950
Tel: 051 673 9600
Fax: 051 673 1550
E-mail info@mohokare.gov.za
www.mohokare.gov.za

Confidential

APPLICATION FOR EMPLOYMENT

1. Directions

- (a) Complete form in own handwriting
- (b) Mark the appropriate block with an "x"
- (c) Original certificates and documents must not be submitted with this application
- (d) All questions must be answered in full. This also applies to employees of the municipality.
- (e) * Is required for employment equity/affirmative action purposes

2. PARTICULARS OF POSITION APPLIED FOR

Designation of post:	_____	Department:	_____
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3. PERSONAL PARTICULARS

Surname:	*Male		*Female	
	Identity No			
Christian Names:	*Disabled	Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
Are you a South African Citizen:	*Race:	*Nature of Disability:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> African <input type="checkbox"/> White <input type="checkbox"/> Coloured <input type="checkbox"/> Indian	State of health: <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Bad		
If no, what is your Nationality _____	Have you ever been convicted of a criminal offence or been dismissed from employment? Yes No			
Permanent Postal Address:	Tel (Home): _____ Tel (Work): _____	Permanent Residential Address:		
Is any of your relatives employed by the Council?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" state Name, Department and relationship		_____		
Do you subject your information to vetting? <input type="checkbox"/> Yes <input type="checkbox"/> No				



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School (Certified copies to be attached of grade 12)			
Highest grade obtained:		Year:	
Name of School:		Place:	
Subjects passed:			
1.		4.	
2.		5.	
3.		6.	
4.		7.	
Post School Education (Certified copies to be attached)			
Name and Place of Institution		Period attended	Qualification Obtained
Subjects passed:			
1.		5.	
2.		6.	
3.		7.	
4.		8.	
APPRENTICESHIP			
Trade qualified in:		Date qualified:	
Name of company where apprenticeship was completed:			
Trade test (Mark with "X")	Passed <input type="checkbox"/>	Did not write <input type="checkbox"/>	Failed <input type="checkbox"/>
FURTHER STUDIES			
Are you studying at the moment or do you intend to:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Particulars:			
OTHER TRAINING			
Any training not listed?			
PERMANENT DRIVERS LICENSES (Certified copies to be attached)			
Light Vehicle <input type="checkbox"/>	Heavy Vehicle <input type="checkbox"/>	Extra Heavy Vehicle <input type="checkbox"/>	Motorcycle over 50cc <input type="checkbox"/>
Other <input type="checkbox"/>			
Date:	Date:	Date:	Date:



5. EMPLOYMENT HISTORY

Name and address of employer	Position Held	Immediate Supervisor	Period of Service		Reason for termination of service
			From:	To:	
			From:		
		Tel:	To:		
			From:		
		Tel:	To:		
			From:		
		Tel:	To:		
			From:		
		Tel:	To:		
			From:		
		Tel:	To:		
Are you employed at present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	When can you assume duty?		

6. FOR INFORMATION

Any person canvassing with a view to being appointed to a post in the Council's service shall not be considered for an appointment

7. DECLARATION

I declare that the above particulars are, to the best of my knowledge true and correct and understand and accept that if I am appointed, my appointment will be subject to the provisions of the SALGBC Collective Agreements on Conditions and Service, Discipline and Grievances and the Human Resources policy of the Council and any applicable legislation.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal.

I hereby give the Mohokare Local Municipality permission to complete a pre-employment screening process (verification: employment, professional references, Identity, education, qualifications, professional



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memberships, criminal, Driver's license and others).	
Date	Signature of Applicant

8. FOR OFFICE USE ONLY

Unsuccessful	Appointment	Transfer	Temporary	Permanent	Section 57
Designation:					
Department:			Division/Section:		
With effect from:			Salary Notch:		
Job Evaluation Job Level:					
Remarks:					
Approved					
Head of Department			Manager Responsible for Human Resources		
Date:			Date:		