

APPLICATION FOR EMPLOYMENT

N.B. PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS USING BLACK INK

| РО | OITIE | N APF | PLIED | FOR: | | | | | | | | | | | | | | | | | | | | | | | POS | ITION | COD | E: (Re | fer to | advert |
|--|----------------------------------|-------|------------|----------|--------|-------|--------|-----------------------|---|--------|--------|-----------|-------|-------------|--------------------------|------------|------|-------|------|---------------------------|-------|------------------|----------------|-----|---|-----------|-------------|-----------|--------|-----------|--------|----------|
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| AD | DIRECTORATE ADVERTISING POSITION | | | | | | | | | | | | | | WHERE SEEN: (Please tick | | | | | | | | | | | | | | | | | |
| POSITION | | | | \top | | Т | Τ. | | | Т | Т | | | | | | | | | | | | | | | - | | NOT | ICE | | LOC | AL ER |
| TIT | | | | INITIALS | | | | | | | | | | | | | | | | | | _ | NATIONAL PAPER | | | | | | | | | |
| FIR | ST MES | | | | | | | | | | | | | \perp | 1 | \perp | | | | | | | | | | | | | | | | |
| SUF | RNAM | E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NTITY MBER | | | | | | | | | | | | | | | | | | | MUNICIPAL EMPLOYEE NO. | | | | | | | | | | | | |
| HOI | ME DRESS | | | | | | | | \perp | | | | | | | | | | | | | | | | | | | | | | | |
| ADL | RESS | • | | | | | | | | | | | | | | | | | | | | | | POS | | POST | STAL CODE | | E | | | |
| ADD | STAL PRESS DIFFE | | | | | | | | | | | | | | | | | 2000 | | | | | | | | | ransa tuare | | | | | |
| FRO | M HO | ME | | | | | | | | | | | | | | | | | | | | | | | Р | OST | AL C | ODE | | | | |
| НОМ | /E TE | LEPH | IONE | NUME | BER | | | WORK TELEPHONE NUMBER | | | | | | ER | ₹ | | | | | CELL NUMBER | | | | | | | | | | | | |
| | | | Γ | | | | | T | | T | Π | T | | | | | | | | | | | | | | T | T | | | | | |
| EMA | IL AD | DRE | SS/S | wc | PRK: | | | | | | | | | | • | • | | | HOM | E: | | | - | | • | | | | | | | |
| FO | R AD | MIN | ISTR | ATI | /E Pl | JRP | OSE: | S | | | | | | | | F | FOR | THE | | | NCE T | | | | | | | | | | | |
| MARITAL STATUS RACE | | | | | | | | | | T | GENDER | | | | | DISABILITY | | | | | | DRIVER'S LICENCE | | | | | | | | | | |
| SINGLE SEPARATED AFRICAN | | | | | | | | | ICAN COLOURED | | | | | | M | MALE | | | | YES | | | | | | YES NO | | | | | | |
| | OWED | _ | ∫ M ¬ | ARRII | ED | Ш | | INDIA | INDIAN WHITE FEMALE If yes please specify | | | | | | | | | city. | | | CODE | | | | | | | | | | | |
| | ORCEI | | J HILDE | DREN | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NUMBER OF CHILDREN WHAT IS YOUR HIGHEST ACADEMIC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | _ | | |
| SCHOOL STD SUI COMPLETED PAS | | | | | | | | BJECTS SSED | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | TECHI | IKON | I DEGI | REE / | 1 | | OBTA | INED (| Pleas | se in | clude | e maj | or sul | ojects | s) | | | | | | | | | | | | | | | |
| | | | Π | | | | Γ | Τ | | Т | Ī | T | T | | | | Τ | T | T | | | | | | | Τ | Т | Т | | | | |
| | | | | | | | | T | | | | \dagger | 1 | | | | T | T | | | | | | | | \dagger | \dagger | \forall | \neg | \exists | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | T | | | | |
| TECHNICAL CERTIFICATE / N MAJOR SUBJECTS PASSED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIST | ALL (| COUF | RSES | SUB | JECTS | / QU | IALIFI | CATIC | NS O | BTAIN | ED | RELE | EVAI | NT T | 0 Y0 | UR A | PPLI | CAT | TION | | | | | | | | | | | | | |
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PLEASE NOTE THAT CERTIFIED COPIES OF ALL QUALIFICATIONS SHOULD ACCOMPANY THE APPLICATION, AS WELL AS AN ACADEMIC RECORD OF SUBJECTS PASSED. ORIGINAL COPIES WILL BE VERIFIED AT THE INTERVIEW, IF GRANTED. APPLICANTS ARE INVITED TO ATTACH THEIR CV/S IF AVAILABLE.

| HAVE YOU EVER BEEN EMPLOYED IN A SIMILAR OR RELEVANT PO | SITION FOR WHICH YOU ARE APPLYING? IF YES, PROVIDE DETAILS. |
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| PRESENT ANNUAL SALARY: | |
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| PRESENT EMPLOYER: | |
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| REASON FOR APPLYING: | |
| | |
| EITHER GIVE NAMES OF TWO PERSONS OTHER THAN RELATIVES | (PREFERABLY PREVIOUS EMPLOYERS) TO WHICH REFERENCE MAY |
| BE MADE OR ATTACH CERTIFIED COPIES OF NOT MORE THAN TWO | PREFERABLY PREVIOUS EMPLOYERS) TO WHICH REFERENCE MAY DIRECTOR TESTIMONIALS (PLEASE WRITE IN CAPITAL LETTERS) |
| NAME | NAME |
| | |
| ADDDESS | ADDRESS |
| ADDRESS | ADDRESS |
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| TEL. NO. | TEL. NO. |
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| I GIVE PERMISSION THAT THE REFEREES MENTIONED ABOVE MAY E | BE APPROACHED FOR INFORMATION. I FURTHER CERTIFY THAT ALL |
| INFORMATION GIVEN BY ME IS TRUE AND ACCURATE. I REALISE COULD RENDER ANY CONTRACT OF EMPLOYMENT CONCLUDED NO | THAT ANY MISSTATEMENTS/MISREPRESENTATIONS MADE HERFIN |
| OCCEDITENDENT OCH THE OCH ECONOLOGICAL TO | SEL AND VOID. |
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| SIGNATURE: | DATE: |