

#### **Municipality**

042 230 7700

078 266 6230

srvm@srvm.gov.za @

The Co

@sundaysrivervalley f

www.srvm.gov.za

23 Middle Street, Kirkwood, 6120 P.O. Box 47, Kirkwood, 6120

#### APPLICATION FOR EMPLOYMENT

#### NOTE

- 1. All particulars in this application are treated as confidential.
- 2. Canvassing for appointment will disqualify an applicant.
- 3. Changing of conditions on this form will disqualify your application.
- 4. A successful candidate who willfully makes a false statement renders him/herself liable to dismissal.

A. GENERAL PARTICULARS OF CANDIDATE	
TITLE (Prof., Dr., Mr., Ms., Mrs.) INITIALS AND SURNAME:	
POSITION APPLIED FOR:	
TOSITION ATTEMPTON.	
HOW DID YOU BECOME AWARE OF THE POSITION (e.g., General Enquiry, SRVM Employee,	etc.):
IF ADVERTISED, NAME PUBLICATION:	-
SALARY REQUESTED:	-
WHEN CAN YOU ASSUME DUTY?	



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B. PERSONAL DETAILS (PRINT)					
Surname	Maiden name				
First Names					
Date of Birth //	Gender: Male/ Female Mari	tal Status			
Number of dependents	Their ages				
Nationality	Town of birth				
S.A. Identity no	Tel: home:w	ork:			
Home address					
Postal address and code		<del></del>			
Employer of husband/wife					
His /Her capacity	Tel. No. Wo	rk			
Why are you applying for this? position_					
If you are selected for an interview, are you prepared to undergo testing? YES/ NO (Mark applicable)					
State any physical and or mental defect or disease and or chronic disease					
Special interests including Sport and Hobbies					



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Have you ever been convicted of a criminal offence or being dismissed from employment or ever been declared insolvent? YES/ NO (Mark applicable) If yes furnish particulars on a separate sheet.					
Do you have a driver's license? Yelf you are in a possession of a vestate no: Code/s:		red to use it for official purposes	at remuneration? YES/ NO		
C. QUALIFICATIONS (Please attached certified copies of all qualifications. No original documents please.)					
	SCHOOL	UNIVERSITY/COLLEGE	OTHER		
Name of Institution					
Qualifications and date obtained					
Subjects Passed					
Subject not yet completed					
Apprenticeship being, or v	was completed as_				
Institution where apprenticeship is being /was completed					

	PERIOD		
FROM		то	
YEAR	MONTH	YEAR	MONTH



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D. LANGUAGE PROFIENCY (Indicate proficiency as Good, Average or Below average)

remuneration other than stated in this application form. YES / NO (Mark applicable block)

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LANGUAGE	SPEAK		READ			WRITE
AFRIKAANS						
NGLISH						
OTHER (Name the						
anguage)						
E. <b>EXPERIENCE</b> (Sta	ate in sequence all per	iods cov	ering the	last 1	Oyears (	even periods of
	, military services, fullt		_			•
Name of Employer	Capacity or type	FROM		то		REASON FOR LEAVING
Name of Employer	of work	FROIVI			'	NEASON FOR LEAVING
		1				

F. PRESENT EMPLOYER				
NAME	DEDION	EMDLOVED		
NAMEPERIOD EMPLOYED  G. FINANCIAL PARTICULARS				
Present Annual Salary (S	alary only)	R		
Present Financial fringe	Benefits	R		
	R.			
	TOTAL R			
Present increment date	ePresent per	riod of notice		
State if contractually ob	oligated to your present or previous emp	ployer (e.g., amount, committed period)		
H. DETAILS OF PREV	IOUS APPLICATIONS TO THE SUNDAYS R	IVER VALLEY MUNICIPALITY		
Posts applied for and ye	ear:			
Did you undergo a sele	ction test at the time			
I. PERSONAL REFERENCES (Name three present or former colleagues/heads/-but not relatives)				
NAME	Address and Telephone Number	Relationship (e.g., Colleague)		
1.				
2.				
3.				
J. SUMMARY OF	CAREER			



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NOTE: Give a summary of your career and state any particular abilities, experience, courses you have followed;				
societies to which you belong; special achievements in any field and any relevant duties				
K. DECLERATION BY APPLICANT				
I DECLARE THAT				
1. I undersigned, do hereby acknowledge myself to be truly and lawfully indebted to the Sundays River Valley Municipality the total sum of the costs incurred by the said council to advertise the vacancy concerned or a pro rata share thereof, and any costs incurred to enable me to attend an interview with officials of the Municipality, should I fail to commence duties after having been advised, and accepted my appointment in writing.				
<ol> <li>I confirm that the information herein supplied by myself is correct and understand that I can be held legally liable for the consequences of any intentional misrepresentation.</li> </ol>				
SIGNATURE	DATE			
FOR OFFICIAL USE ONLY				
Appointed with effect from	Designation			
Salary Grade	Notch			
Head of Department	Date			