

Vaal River City, the Cradle of Human Rights

Human Resources Department P.O. Box 3 Vanderbijlpark 1900

This form must be completed in your own handwriting signed and attached to the CV in time with the job application procedure.

APPLICATION FOR EMPLOYMENT

DETAILS OF THE ADVERTISED POST							
Position applied for							
Notice service period							
Reference Number							
Cluster							
Department							
PERSONAL INFORMATION							
Surname							
First names							
ID or Passport							
Drivers Licence							
Gender		Male		Female			
Race		White	African	Coloured	Indian		
Do you have a disability?	Yes	No	If yes, elaborate				
Are you a South African	Yes	No	If not what is your nationality?				
citizen?	Do you have valid wo		e valid work	Yes	No		
			permit?				
Do you hold a professional	Yes	No	Name of the professional body		Membership	Expiry	
membership with any					number	date	
professional body?							
CONTACT DETAILS							
Contact No				Postal address:			
Emergency No					С	ode:	
Email address				Residential add	ress:		
Preferred Language							
					C	ode:	

QUALIFICATIONS (please elaborate on your CV)												
Highest educational qualification obtained												
Name of the School					Highest Grade			١	Year obtained			
Highest tertiary qualificati	on ob	tained										
Name of institution Name of qualif			cation		NQF level			١	Year obtained			
WORK EXPERIENCE (please elaborate on your CV)												
Employer (starting with	Post	held	From		То		Reason			for		
most recent)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		n Marath V		V		leaving			
			Month	Year		ivion	onth Year					
		DISCIPL	INARY RE	COR	D							
			Yes	Yes			No					
(10) years?												
If yes, Name of Municipality/ Employer										L		
Type of Misconduct/ Transgression												
Date of Resignation/ Disciplinary case finalised/Dismissal												
Award /Sanction												
Have you been accused of an alleged misconduct and				Yes No								
resigned from your job pending finalisation of the												
disciplinary proceedings?												
CRIMINAL RECORD												
, , , , , , , , , , , , , , , , , , , ,				Yes	Yes			No	No			
of law during the past (10) years?												
If yes, type of criminal act												
Date criminal case finalised												
Outcome/judgement												
REFERENCE (please elaborate on Name of Referee Capacity				work Address Telephone no								
ivallie of neielee		Capacity			vvoik Audiess			+	relephone no			
									+			
Declaration		<u> </u>										

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

Signature:	Date:
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