

Chief Albert Luthuli Municipality

HEAD OFFICE

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OFFICES ALSO AT

Emanzana 017 001 1530
 Elukwatini 017 001 1540
 Empuluzi 017 001 1560
 Ekulindeni 017 001 1521

The transparent, innovative and developmental municipality that improves the quality of life of its people

APPLICATION FOR EMPLOYMENT

Position for which you are applying

SECTION I - PERSONAL INFORMATION

Surname

Full Names

Identity Number

Income Tax Number

Date of Birth

Age

Race

African

Coloured

Indian

White

Gender

Male

Female

Do you have any disability?

Yes

No

Are you a South African Citizen?

Yes

No

If NO, what is your Nationality?

Do you have a Work Permit?

Yes

No

SECTION II - CONTACT INFORMATION

(How do we contact you?)

Preferred language for correspondence

Contact Number during office hours

Preferred method for correspondence

Post

e-mail

Fax

Correspondence details (P O Box number / e-mail address / fax number)

SECTION III - LANGUAGE PROFICIENCY

Languages (specify) - state 'GOOD', 'FAIR' or 'POOR'

	English	Afrikaans	IsiZulu	Other	Other	Other
Speak						
Read						
Write						

SECTION IV - EDUCATIONAL INFORMATION

QUALIFICATIONS

1. Last high school attended

Highest grade passed Year

Province Town

2. Last college / technikon / university attended

3. Certificates / Diplomas / Degrees	Year acquired	Subjects passed

Certified copies (not older than 3 months) of certificates must be attached to this application form

SECTION V - EMPLOYMENT INFORMATION

WORK EXPERIENCE

1. Previous Employment

Name of Employer	Position held	Period of Employment

2. Current Employment

Name of Employer	Position held	Period of Employment

3. Employment References

Initials and Surname of	Company/Employer	Relationship	Contact Number

4. Earliest date on which duties can be assumed

5. Certificates / Diplomas / Degrees / Testimonials

Certified copies of the following Certificates / Diplomas / Degrees are attached hereto:

1. _____
2. _____
3. _____
4. _____
5. _____

SECTION VI - GENERAL INFORMATION

Any other information _____

SECTION VII - STATEMENT

I, the undersigned, hereby solemnly state as follows:

1. That the information stated above is true and correct to the best of my knowledge;
2. That should the above information be a willfully false statement, I am aware that I render myself liable for instant dismissal on proof thereof;
3. That I am aware that I am held responsible for losses which the Council may suffer as a result of my failure to assume duties;
4. That I understand and accept that if I am appointed to the services of Chief Albert Luthuli Municipality, such appointment shall be subject to the provisions of relevant legislation, the relevant Conditions of Employment, the relevant Code of Conduct, as amended from time to time.

Signature of Applicant

Date