

## NKOMAZI LOCAL MUNICIPALITY APPLICATION FORM

WH	IAT IS THE PURPOSE OF	A. THE ADVERTISE POST						
TH	IS FORM	Position for which you are Departi			Departm	nent where the position was		
sele	assist the municipality in acting a person for an ertised post.				advertised			
can Sind inte	s form may be used to identify didates to be interviewed. ce all applicants cannot be erviewed, you need to fill in				If you are offered the position, when can you start?			
this	form completely, accurately legibly. This will help to							
pro	cess your application fairly.	B. PERSONAL INFORMATION						
	IO SHOULD COMPLETE	Surname						
TH.	IS FORM	First Name						
an a	y persons wishing to apply for advertised position of the nicipality.	Date of Birth						
	DITIONAL INFORMATION	ID number <sup>2</sup>						
		Race <sup>3</sup>	African	Wh	ite	Coloured	Indian	
info	s form requires basic ormation. Candidates who are	Gender <sup>3</sup>				FEMALE	MALE	
	ected for interviews will be uested to furnish additional	Do you have a disability? <sup>3</sup>				YES	NO	
cert	tified information that may be uired to make a final	Are you a Sou	th African?	YES	NO			
sele	ection.	If no, what is your Nationality						
1.	All information will be	And do you have valid work permit? YES NO						
1.	treated with confidentiality and will not be disclosed or used for any other purpose than to assess the suit ability of a person, except in so for as it may be required and permitted by law. Your personal details your ID or passport	Have you ever been convicted of a criminal offence or been dismissed from employment? <sup>4</sup>				YES	NO	
		If your profession or occupation requires State or official registration, provided date and particulars of registration.						
		G HOWE	0 11T CO	777.4.4	THE TAXABLE			
2.	Passport number in the case	C. HOW DO WE CONTACT YOU  Proformed language for						
	of non-South Africans.	Preferred language for correspondence?						
3.	This information is required to enable the municipality	Telephone number during office hours				( )		
	to comply with the employment Equity Act, 1998.	Preferred method for correspondence Pos		t	E- mail	Fax		
4· 5·	This information will only be taken into account if it directly relates to the requirements of the position.  Applicants with substantial qualification or work	Corresponden contact details terms of above	s (in					
	experience must attach a C							

		A. LA	NGUA	AGE PROFI	CIENCY	– stat	e "goo	d", "fair	or "poor"		
				Langua	ge (speci	fied)					
Speak											
Read											
Write									1		
		_		ICATION 5 se details)	(please	ignore	e if you	have at	taché a CV		
Name of Sch	hool/Technica	l College		Highest qua				Year obta	ined		
			n (co	mplete for o			ou obt		011		
Na	me of Instituti		Name of Qualification				Year Obtained				
Current study	y (institution a	nd quali	ficatio	n)			<b>1</b>				
		0 ***	ODI:	W/DFIDENS.	OF ( 1	·	• •	1	-11- 17		
				EXPERIENO these detai	_	se igno	ore if y	ou have	attaché a		
Employer	(including cur	rent	P	ost held	Fre	om		To Reason for			
	mployer)				MM	YY	MM	YY	leaving		
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	sts that preven e the name of t		ious po	sitions depar	tment						
	Name			Relationship to you				Tel. No. (office hours)			
DECLARAT	TION all the inform	otion pr	oridad	(including o	av ottoobi	monta) i	is comp	loted and	Laarmaat ta		
the best of my	y knowledge. 1 eing disqualifi	I unders ed or ma	tand th ay discl	at any false i	nformation	on supp					
FOR OFFIC	E USE ONLY	ľ									
Appointed as	Appointed as: From:										
Salam Saala	Salary Scale:Notch;										
Salary Scale.					1,00						
Remarks:											
Remarks: Appointment		d/not re	comme	ended:			Date	:			