

AANSOEK OM BETREKKING
APPLICATION FOR EMPLOYMENT



Kerkstraat 13 Church Street
Posbus / P O Box 60
PIKETBERG
7320
Telefoon / Telephone: (022) 913 6000
E-pos / E-mail: bergmun@telkomsa.net

NOTES TO APPLICANT / NOTAS AAN APPLIKANT

- ✓ The purpose of this form is to assist the municipality in selecting suitable candidates for an advertised post.
- ✓ This form must be completed in full, accurately and legibly. All substantial information relevant to a candidate must be provided in this form. Any additional information may be provided on the CV.
- ✓ Candidates shortlisted for interviews may be requested to furnish additional information that will assist municipality to expedite recruitment and selection processes.
- ✓ All information received shall be treated with strict confidentiality and shall not be used for any other purpose than to assess the suitability of the applicant.
- ✓ This form is designed to assist the municipality with the recruitment, selection and appointment of staff members in terms of the Municipal Systems Act, 2000 (Act No.32 of 2000).

- ✓ Die doel van hierdie vorm is om die munisipaliteit te help om geskikte kandidate vir 'n geadverteerde pos te kies.
- ✓ Hierdie vorm moet volledig, akkuraat en leesbaar ingevul word. Alle wesenlike inligting kan op die CV verskaf word.
- ✓ Kandidate wat op die kortlys vir onderhoude is, kan gevra word om bykomende inligting te gee wat die munisipaliteit sal help om werwing-en keuringsprosesse te bespoedig.
- ✓ Alle inligting wat verstrek word, sal as streng vertroulik behandel word en sal nie vir enige ander doel gebruik word as om die geskiktheid van die aansoeker te assesseer nie.
- ✓ Hierdie vorm is ontwerp om die munisipaliteit met die werwing, keuring en aanstelling van personeellede te help ingevolge die Wet op Plaaslike Regering: Munisipale Stelsels, 2000 (Wet No.32 van 2000)

Geadverteerde pos waarvoor aansoek
gedoen word:
Advertised Position applied for:

Verwysing No:
Reference Nr:

PERSONAL DETAILS/PERSOONLIKE BESONDERHEDE

Surname Van									
Names Voorname									
ID number / Passport number ID nommer / Passpoort nommer				Date of Birth Geboortedatum					
Gender Geslag		Female Vroulik		Male Manlik		Race Ras			
Drivers license Bestuurderslisensie		Yes Ja		No Nee		Code Kode			
Vehicle Restrictions Voertuig Beperkings						PDP	Yes Ja		
PDP Code PDP Kode						Expiry Date Vervaldatum			
Are you a South African Citizen Is u 'n Suid-Afrikaanse Burger		Yes Ja		No Nee		If not, what is your nationality? Indien nie, wat is u nasionaliteit?			
		Do you have a valid work Permit? Het u 'n geldige werkpermit?		Yes Ja		No Nee			
Do you have a Disability Het u 'n Gestremdeheid		Yes Ja		No Nee		If yes, specify Indien ja, spesifiseer			
Postal Address: Posadres:				Physical Address: Woonadres:					
				Code Kode		Code Kode			
Telephone Telefoon		(H)		(W)		(C)			
E-mail Address E-pos Adres									
Language proficiency. In the schedule below, indicate proficiency as "Good", "Fair", "Poor" or "None" Taalvaardigheid. Dui in die tabel hieronder u vaardigheid aan as "Goed", "Redelik", "Swak" of "Geen"		Language Taal		Read Lees		Write Skryf		Speak Praat	
		Afrikaans							
		English Engels							
Other language (specify) Ander taal (spesifiseer)									

QUALIFICATIONS / KWALIFIKASIES

HIGHEST SCHOOL QUALIFICATION OBTAINED

Name of the School / Naam van school Highest grade passed / Meld graad geslaag Year Obtained / Jaar verkry 	SUBJECTS / VAKKE 1. 2. 3. 4. 5. 6. 7. 8.
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HIGHEST TERTIARY QUALIFICATION OBTAINED

NAME OF INSTITUTION NAAM VAN INSTITUUT	NAME OF QUALIFICATION / NAAM VAN KWALIFIKASIE	NQF LEVEL NKR VLAK	YEAR OBTAINED/ JAAR VERWERF

OPLEIDING/TRAINING

*This includes government training schemes, apprenticeships and short courses
Hierdie sluit in alle staat opleidingskemas, vakleerlingskappe en kort kursusse*

Course Title Titel van Kursus	Organisation Organisasie	From/To Vanaf/Tot

MEMBERSHIP OF PROFESSIONAL INSTITUTES/LIDMAATSKAP AAN PROFESSIONELE INSTANSIES

Please indicate whether membership is by examination or qualification/Dui asseblief aan of lidmaatskap deur middel van eksamen of kwalifikasie is

Institute Instituut	Level of Membership Vlak van Lidmaatskap	From/To Vanaf/Tot

WORK EXPERIENCE (ELABORATE ON YOUR CV) / WERKSONDERVINDING (BREI UIT OP U CV)

(Starting with the most recent / begin met mees onlangse)

Employer Name Werkgewer Naam	Position Pos bekleer	Dates / Datums		Reason for leaving
		Date From Datum Vanaf	Date To Datum Tot	

REFERENCES / REFERENTE

Name of referee Naam van referent	Relationship Verwantskap	Tel (W)	Tel (C)	E-mail

DISCIPLINARY RECORD / DISSIPLINÊRE REKORD

Have you been dismissed for misconduct during the past ten (10) years? Is u die afgelope tien (10) jaar weens wangedrag afgedank?		Yes Ja		No Nee	
If yes, Name of Municipality / Employer Indien ja, naam van munisipaliteit / werkgever					
Type of misconduct / transgression Soort wangedrag / oortreding					
Date of Resignation / Disciplinary case finalized / Dismissal Datum van bedanking / afhandeling van dissiplinêre saak / afdanking					
Award / Sanction Toekenning / Sanksie					
Have you been accused of an alleged misconduct and resigned from your job pending a finalization of the disciplinary procedure. Is u beskuldiging van beweerde wangedrag en het u uit u werk bedank voor die afhandeling van die dissiplinêre saak?		Yes Ja		No Nee	

CRIMINAL RECORD / KRIMINELE REKORD

Have you been convicted of any criminal offence in a court of law during the past ten (10) years? Is u tydens die afgelope tien (10) jaar in 'n gereghof aan enige strafbare oortreding skuldig bevind?		Yes Ja		No Nee	
If yes, type of criminal act? Indien ja, soort misdryf?					
Date criminal act finalized. Datum van afhandeling van strafsak.					
Outcome / Judgment Uitkoms / Bevel					

GENERAL/ALGEMEEN

Are any of your relatives or acquaintances employed by the council or a councillor? Is enige van u familie of kennisse in diens van die raad of 'n raadslid?		Yes Ja	No Nee	If "Yes", state name, department & relationship Indien wel, meld naam, departement & verwantskap
If not, state period of unemployment? Indien nie, hoe lank is u sonder werk?				
When can you assume duty? Wanneer kan u diens aanvaar?				
Do you have any contractual obligations towards your previous employer? If so, furnish particulars Het u enige kontraktuele verpligtinge teenoor u huidige werkgever? Indien wel, meld besonderhede				
State particulars concerning your health and ability to perform the specific work which you think council should be aware of. Meld besonderhede wat u dink die raad behoort te weet rakende u gesondheid en vermoë om die spesifieke werk te doen.				

DECLARATION/VERKLARING

I 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.

Ek verklaar hiermee dat al die inligting wat op hierdie aansoek en enige aanhangsels wat ter staving daarvan verskaf word, sover ek weet waar en korrek is. Ek verstaan dat enige wanvoorstelling of nalating om enige inligting bekend te maak, daartoe kan lei dat ek gediskwalifiseer word of dat my dienskontrak beëindig word, indien aangestel.

Was this form completed by yourself?

Yes/Ja

Het uself die vorm voltooi?

No/Nee

SIGNATURE OF APPLICANT
HANDTEKENING VAN APPLIKANT

DATE
DATUM



BERGRIVIER MUNICIPALITY

CONSENT TO PROCESS PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013 (POPIA)

CONSENT & INDEMNITY BY APPLICANT

POSITION APPLIED FOR: _____

Read carefully and completely before signing.

SECTION 1 - CONSENT

I have applied for employment with Bergrivier Municipality and have provided relevant information. I authorize my former or current employers and references to release the contents of my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to Bergrivier Municipality, whether the information is positive or negative.

I authorize Bergrivier Municipality to investigate all statements made in my application for employment and to obtain any and all information concerning my former/current employment. This includes my job performance appraisals/evaluations, salary history, disciplinary action(s) if any, and all other matters pertaining to my employment history. I knowingly and voluntarily release all former and current employers, references, and Bergrivier Municipality from any and all liability that may arise from giving and/or receiving information about my employment history, my qualifications, my suitability for employment with Bergrivier Municipality and whatever information may be relevant.

I authorize Bergrivier Municipality to access my personal information and conduct the following background screening checks (not limited to the below mentioned) that may be needed:

- Credit check
- Qualification(s)
- Employment references
- Criminal checks
- Fraud check
- Sanctions
- Identity verifications
- Insurance regulations
- Driver's license
- Social media screening checks

This form may be photocopied or reproduced as a facsimile/e-mail, and these copies will be as effective as a release or consent as the original which I sign.

SECTION 2 - SIGNATURE

I hereby confirm that the information provided is true, correct and up to date:

Full name and surname: _____

Identity Number: _____

Applicant Signature: _____

Date: _____



BERGRIVIER MUNISIPALITEIT

MAGTIGING VIR DIE PROSESSERING VAN PERSOONLIKE INLIGTING OOREENKOMSTIG DIE WET OP DIE BESKERMING VAN PERSOONLIKE INLIGTING, WET 4 VAN 2013

TOESTEMMING EN VRYWARING DEUR AANSOEKER

POS WAARVOOR AANSOEK GEDOEN WORD: _____

Lees sorgvuldig deur voordat u teken.

AFDELING 1 - TOESTEMMING

Ek het aansoek gedoen by Bergrivier Munisipaliteit en het relevante inligting verskaf. Ek verleen magtiging aan my voormalige en huidige werkgewers, asook referente om die inhoud van my diensrekord bekend te maak en om addisionele inligting wat benodig word vir my aansoek om indiensneming, aan Bergrivier Munisipaliteit te verskaf.

Ek magtig Bergrivier Munisipaliteit om alle verklarings in my aansoek te ondersoek en alle inligting rakende my vorige/huidige diensrekord te bekom. Hierdie inligting kan insluit beoordelings/evaluerings, salarisgeskiedenis, dissiplinêre optrede(s), indien enige en alle ander aangeleenthede rakende my werksgeskiedenis. Ek vrywaar alle voormalige en huidige werkgewers, referente en Bergrivier Munisipaliteit van enige aanspreeklikheid wat mag voortspuit uit die verskaffing en/of ontvang van inligting rakende my werksgeskiedenis, my kwalifikasies, my geskiktheid vir werk by Bergrivier Munisipaliteit en watter sodanige inligting ookal relevant mag wees.

Ek magtig Bergrivier Munisipaliteit om toegang te verkry tot my persoonlike inligting en agtergrondondersoeke uit te voer (nie beperk tot die onderstaande) wat nodig mag wees:

- Kredietwaardigheid
- Kwalifikasie(s)
- Werksverwysings
- Kriminele oortredings
- Bedrog
- Sanksies
- Identiteitsverifikasie
- Versekeringsregulasies
- Bestuurderslisensie
- Sosiale media

Hierdie vorms kan gekopieër of gereproduseer word as 'n faks/e-pos en hierdie kopieë is net so goed soos die oorspronklike wat deur my onderteken is.

AFDELING 2 – HANDTEKENING

Hiermee bevestig ek dat die inligting soos verstrek waar, korrek en op datum is.

Volle naam en van: _____

Identiteitsnommer: _____

Handtekening: _____

Datum: _____