

WEST COAST DISTRICT MUNICIPALITY



APPLICATION FORM FOR EMPLOYMENT

(2026)

1. The purpose of this form is to assist the Municipality in selecting suitable candidates for an advertised post.
2. 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.
3. All sections **MUST** be completed or marked "not applicable" or "refer to CV", where relevant.
4. Candidates shortlisted for an interview may be requested to furnish additional information that will assist the Municipality in expediting recruitment and selection processes.
5. 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.
6. The information will be retained for a minimum period of (3) months for unsuccessful candidates and (5) years after retirement for the successful candidates.
7. 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).

NOTE: AN INCOMPLETE OR PARTIALLY COMPLETED APPLICATION WILL NOT BE CONSIDERED!

DETAILS OF THE ADVERTISED POST (as reflected in the advert)

Advertise post applying for	
Reference number	
Name of the Municipality	WEST COAST DISTRICT MUNICIPALITY
Notice service period	

PERSONAL DETAILS:

Surname												
First Names												
ID or Passport Number												
Please attach a Certified ID Copy												
Gender	Male		Female		Age							
Do you have a disability?	Yes	No	If yes, elaborate									
Are you a South African Citizen?	Yes	No	If not, what is your nationality									
			Do you have a valid work Permit									
Do you have a professional membership with any professional body?	Yes	No	Name of professional body				Membership Number	Expiry date				
INCOME TAX NUMBER:												

CONTACT DETAILS:										
Telephone number during office hours / Alternative Contact no.										
Mobile phone number										
Postal address										
							Code:			
Email address										
Preferred language of communication										

QUALIFICATIONS: (Please elaborate on your CV)				Please attach Certified Copies			
Highest educational qualification obtained							
Name of the School				Highest Grade		Year obtained	
Highest tertiary qualification obtained							
Name of institution		Name of a qualification			NQF level	Year obtained	

WORK EXPERIENCE (Please elaborate on your CV)						
Employer (starting with the most recent)	Post held	<u>From</u>		<u>To</u>		Reason for leaving
		Month	Year	Month	Year	

DRIVER'S LICENCE: Please attach Certified Copies							
Indicate your driver's licence in the schedule below.							
Motorcycle Up to 125cc	Motorcycle > 125cc	Light Motor Vehicle		Heavy Vehicles 3500kg up to 16000kg and above		Combination of Extra Heavy Vehicles Up to and above 16000kg	
Code A1	Code A	Code B	Code EB	Code C	Code C1	Code EC	Code EC1
Driver's licence: Period of Validity				Drivers licence number:			
Professional Driving Permit: (PDP)		YES	NO	Expiry Date of PDP			
Learner Drivers licence reference:				Learner Drivers licence: Period of Validity			

DISCIPLINARY RECORD				
Have you been dismissed for misconduct during the past ten (10) years?	Yes		No	
If yes, Name of Municipality/ Employer				
Type of Misconduct/ Transgression				
Date of Resignation/ Disciplinary case finalised/Dismissal				
Award/Sanction				
Have you been accused of alleged misconduct and resigned from your job pending finalisation of the disciplinary proceedings?	Yes		No	

CRIMINAL RECORD				
Have you been convicted of any criminal offence in a court of law during the past ten (10) years	Yes		No	
If yes, type of criminal act				
Date criminal case finalised				
Outcome/ Judgement				

REFERENCES – (Work Related References)					(Please elaborate on your CV)
Name of Referee	Relationship	Tel (office hours)	Cell phone Number	Email	

CHECKLIST:	Mark appropriate block with an X.
Completed Application Form	
Copies of the following documents must be attached hereto.	Mark appropriate block with an X.
Identity Document (ID)	
School Certificate & Proof of Qualifications	
Curriculum Vitae (CV)	
Driver's Licence	
Income Tax No.	
Confirmation of Income (Latest Payslip)	

DECLARATION:	
<p><i>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.</i></p>	
<p><i>I hereby authorise and give consent to West Coast District Municipality to collect, process, store and distribute my personal information where required to do so, solely in respect of this application, and to dispose of such personal information as required by law, on the understanding that the Municipality:</i></p> <ul style="list-style-type: none"> <i>implements reasonable security safeguards designed to protect personal data from loss, misuse, alteration, destruction, or damage; and</i> <i>takes steps to limit access to personal data to those officials who need to have access to it.</i> 	
<p><i>I hereby declare that if I indicated any false statements in the Application Form, fail to attach all relevant documents as requested and submit an incomplete application, my application is void and will not be considered further by West Coast District Municipality.</i></p>	
Signature:	Date: