SARAH BAARTMAN
DISTRICT MUNICIPALITY

PREVIOUSLY CACADU DISTRICT MUNICIPALITY
TEL: (041) 5087111 / FAX: (041) 5087000
PO BOX 318, PORT ELIZABETH, 6000

APPLICATION FOR EMPLOYMENT

NOTE:

1. All particulars in this application are treated as confidential.
2. Canvassing for appointment will disqualify an applicant.
3. Changing of conditions on this form will disqualify your application.
4. A successful candidate who willfully makes a false statement renders him/herself liable to dismissal.

A. GENERAL PARTICULARS OF CANDIDATE

TITLE (Prof; Dr; Ms) INITIALS AND SURNAME: _____
_____

POSITION APPLIED FOR: _____
_____

HOW DID YOU BECOME AWARE OF THE POSITION (e.g. general enquiry, District Municipality employee, etc): _____

IF ADVERTISEMENT, NAME PUBLICATION:_____

SALARY REQUESTED: _____

WHEN CAN YOU ASSUME DUTY? _____

B. PERSONAL DETAILS (Print)	
Surname:	Maiden Name:
First Names:	
Date of birth: _ _ _ _ 1 9 _ _ Sex *Male* *Female*	Marital Status:
Number of dependent children:	Their ages (years):
Nationality:	Identity No:
Telephone no. Home:	Work:
Contact Telephone no. where message can be left:	
Home address:	
Postal address and code:	
Spouse's Initials:	His/Her occupation:
Name & address of his or her employer:	
	Tel No. Work:
Why are you applying for this position:	
If you are selected for an interview, are you prepared to undergo a selection test: (Mark x)	Y N
State any physical and / or mental defect or disease and / or chronic disease:	
Special Interests (including sport and hobbies):	
Have you ever been convicted of a serious criminal offence or been dismissed from employment or ever declared insolvent? If so , furnish particulars on a separate sheet.	Y N
Do you have a driver's license? Y N	If you are in position of a vehicle, are you prepared to
State no./s _ Code/s _	use it for official purposes at remuneration? Y N

C. (1) QUALIFICATIONS (Please attach certified copies of all qualifications, No original documents please.)

SCHOOL	UNIVERSITY / COLLEGE	OTHER
Name of Institution		
Qualification and date obtained		
Subjects passed		
Subjects not yet completed		

C. (2)	(a) If undergoing any form of apprenticeship, please supply details:		
	(b) Institutions where apprenticeship is being, or was undertaken:		
	(c) Period of apprenticeship:	FROM:……/……/20……	TO:……./……../20…..

D. LANGUAGES PROFICIENCY (Indicate proficiency as Good, Average or Below average)

	Speak	**Read**	**Write**
Afrikaans			
English			
Xhosa			
Other (Name the languages)			

E. EXPERIENCE (State in sequence all periods covering the last 10 years – even periods of employment, military services, full-time study, etc.)

Name of employer	**Capacity and / or type of work**	**FROM**		**TO**		**Reason for leaving**
		Year	**Month**	**Year**	**Month**	

Do you engage directly or indirectly in any business professional trade or calling or do you undertake any work for remuneration other than stated in this application form.	YES	NO

F. PRESENT EMPLOYER

Name and address:	
	Period employed:

G. FINANCIAL PARTICULARS

Present annual salary (salary notch) R	R
Present fringe benefits i.e. Housing subsidy R	R
Car/Travel allowance	R
Total	R
Present incremental date:	Present period of notice:

State if contractually obliged to your present (or previous) employer (e.g. amount, commitment period, etc)

H. DETAILS OF PREVIOUS APPLICATIONS TO THE SARAH BAARTMAN MUNICIPALITY		
Post applied for and year:		
Did you undergo a selection of test at the time:	Y	N

I. PERSONAL REFERENCES **(Name three present or former colleagues/heads/lecturers – but not relatives)**

Name Address and telephone	**Address and telephone number**	**Relationship (e.g. colleague)**
1.		
2.		
3.		

J. SUMMARY OR CAREER

NOTE: Give a summary of your career and also state any particular abilities; experience; courses you have followed; societies to which you belong; special achievements in any field and any relevant duties and responsibilities, which you consider applicable. Continue on a separate page is necessary.

K. DECLERATION BY APPLICANT

I DECLARE THAT –

1. I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE MYSELF TO BE TRULY AND LAWFULLY INDEBTED TO THE SARAH BAARTMAN DISTRICT MUNICIPALITY THE TOTAL SUM OF THE COSTS INCURRED BY THE SAID MUNICIPALITY TO ADVERTISED THE VACANCY CONCERNED OR A PRO-RATA SHARE THEREOF, AND ANY COSTS INCURRED TO ENABLE ME TO ATTEND AN INTERVIEW WITH OFFICIALS OF THE MUNICIPALITY, SHOULD I FAIL TO COMMENCE DUTIES AFTER HAVING BEEN ADVISED OF, AND ACCEPTED MY APPOINTMENT IN WRITING.
2. I CONFIRM THAT THE INFORMATION HEREIN SUPPLIED BY MYSELF IS CORRECT , AND UNDERSTAND THAT I CAN BE HELD LEGALLY LIABLE FOR THE CONSEQUENCES OF ANY INTERNATIONAL MISREPRESENTATION

_____ _____ _____

SIGNATURE **SIGNATURE OF GUARDIAN IF UNDER THE AGE OF 21 YEARS** **DATE**

FOR OFFICIAL USE ONLY

Appointed with effect from:	Designation:
Salary Grade	Salary Notch:
HEAD OF DEPARTMENT :	**DATE:**