#### APPLICATION FOR EMPLOYMENT



## **GREATER TZANEEN MUNICIPALITY**

Tel.: 015 - 307 8000 Fax: 015 - 307 8049

**≥ 24, TZANEEN, 0850** 



#### 1. **DIRECTIONS**

- a Complete form in own handwriting
- b Mark the appropriate block with an X
- c All questions must be answered in full, employees of the Municipality also.
- d Attached certified copies of certificates, employees of the Municipality also.

Department

#### 2. POSITION VACANT

Designation

3. PERSONA	AL PARTICULAI	RS				
Prof	Mr	Ms	Miss		Male	Female
Maiden Name:			Surname:	me:		
Full Names:					Language:	
Date of birth:		Age:		ID Nr:		
Citizenship:		Population Group:			Number of Dependants:	
Marital State	Single	Married	Divorced		Widower	Widow
Postal Address		Tel. (Home / Cell)			Other means of contact	
		Tel. (Work / Cell)				

#### 4. LANGUAGE PROFICIENCY

Indicate proficiency as "Good", "Fair", "Poor" or "None"						
Language	Read	Write	Speak	Highest Qualification		
English						
Other:						

## 5. EDUCATION

School:			Town:			
Highest Grade passed:	Year:	Academically	Technical	Commerce	Practical	
Subjects Passed:						
1			6			
2			7			
			8			
4			)			
5			10			

## 6. POST SCHOOL EDUCATION

Name and Place of	Institution	Per	riod	Qualifications Obta	ained	
		From	To			
Subjects Passed:						
1			6			
2			7			
3			8			
4			9			
5			10			
Apprenticeship:						
Trade: Date:						
Company where ap	Company where apprenticeship was completed:					
Trade Test	Passed	Date passed	Failed	Did not write		

### 7. FURTHER STUDIES

Are you studying at t	he moment?	Yes / No	Do you intend to?		es / No	
Details:						
Any training not yet listed:						
Drivers License	Light Vehicle	Heavy Vehicle	Extra heavy vehicle	•	Other	
				50cc		

## 8. EXPERIENCE

Present and previ	ious positions held (start w	rith latest)		
Company	Position held	Period	Salary p/m	Reason for termination of services

## 9. EMPLOYMENT PARTICULARS

Are you currently employed?	If not, state period unemployed:			
When can you assume duty?	Bruto salary required p/m?			
Do you have any disabilities?	If yes, state the nature of disability:			
Have you previously applied for a position at the Greater Tzaneen Municipality?				
Were you previously employed by this Municipality, if so, furnish particulars:				

# 10. REFERENCES

Name two persons at your previous employer(s) to whom confidential references may be made.				
Name Number Occupation				

# 11. GENERAL

Do you have anything else to declare e.g. criminal and/or pending criminal offences, insolvency or dismissals from employment?					
Are you a member of a registered Medical Aid Fund?	Period				
Are you a member of a registered Municipal Pension Fund?	Period				

#### 12. FOR INFORMATION

- a) Certified copies of highest school standard passed, certificates, diplomas or degrees achieved, must be attached.
- b) If an applicant is invited to attend an interview at Tzaneen at the expense of the Municipality and such applicant, being offered the position and later refuses acceptance thereof, the Municipality shall be entitled to claim reimbursement of all travelling and subsistence allowance paid to such an applicant.
- c) The Municipality shall also be entitled to claim advertising expenses from any applicant who has been offered a position, accepts it and later refuses it or does not resume duties.
- d) Any person canvassing with a view to be appointed to a post in the Municipality's service shall not be considered for appointment to such post.

### 13. **DECLARATION**

		best of my knowledge true of the Service Conditions and t		ind and accept that if I am ulity and any applicable legis	
Signature:		Date	:		
FOR THE USE O	OF HUMAN RESO	URCES OFFICE OF	NLY		
Appointment	Promotion	Transfer	Temporary	Job Id No.	
Designation:		Departn	nent:		
From:		Notch:			
Salary Scale:					
Job Level:		Days lea	ave:		
Fringe benefits:					
Approved:					
	Departmental Hea	d Municip	oal Manager		