



# STEVE TSHWETE LOCAL MUNICIPALITY

ADDRESS TO:  
 THE MUNICIPAL MANAGER  
 FOR ATTENTION: CHIEF HUMAN RESOURCE MANAGEMENT SERVICES  
 P O BOX 14  
 MIDDELBURG  
 1050

TEL: (013) 249 7195 or 249 7335  
 FAX: (013) 249 7196

E-MAIL: employ@stevetshwetelm.gov.za  
 web: www.stevetshwetelm.gov.za

## APPLICATION FOR EMPLOYMENT CONFIDENTIAL

**Please note:**

- A separate application form should be completed for each post you apply for
- Incomplete or incorrect information could disqualify an applicant
- Canvassing for appointment will disqualify an applicant
- NO ORIGINAL certificates or CV's should be attached to this form, but certified copies thereof must be attached.
- Should you not be contacted within six weeks after the closing date you should regard this application as unsuccessful.
- Only applications for advertised vacancies with reference numbers will be accepted.
- After familiarising myself with the advertised requirements, I hereby apply for the following position.

|   |                         |
|---|-------------------------|
| <b>Advertised position:</b> .....   | <b>Ref. No. :</b> ..... |
| <b>Earliest date on which duty can be assumed:</b> ..... <b>salary required</b> ..... |                         |

|                                |                                    |  |
|--------------------------------|------------------------------------|--|
| INTERNAL EMPLOYEES             | Pay number: .....                  | Current position: .....  |
| Employment status (indicate ✓) | Permanent <input type="checkbox"/> | Temporary <input type="checkbox"/> Contract <input type="checkbox"/> |

**A. PERSONAL PARTICULARS**

|   |  |     |                          |    |                          |
|---|--|-----|--------------------------|----|--------------------------|
| Surname:  | ID no:   |     |                          |    |                          |
| First Names:  | Title  |     |                          |    |                          |
| Known as: .....   |  |     |                          |    |                          |
| Postal Address: .....   |  |     |                          |    |                          |
| Postal code: .....  |  |     |                          |    |                          |
| Residential Address: .....  |  |     |                          |    |                          |
| Postal code: .....  |  |     |                          |    |                          |
| Telephone numbers: Home: ..... Work: ..... Cell: .....  |  |     |                          |    |                          |
| Kindly furnish the name of an alternate contact person in the event of you not being available at the above telephone number: |  |     |                          |    |                          |
| Name: ..... Telephone no.: .....  |  |     |                          |    |                          |
| Are you a South African citizen? Please indicate with ✓   | <table border="1" style="display: inline-table; margin-right: 20px;"> <tr> <td style="width: 50px; text-align: center;">YES</td> <td style="width: 50px;"><input type="checkbox"/></td> </tr> </table> <table border="1" style="display: inline-table;"> <tr> <td style="width: 50px; text-align: center;">NO</td> <td style="width: 50px;"><input type="checkbox"/></td> </tr> </table> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| YES   | <input type="checkbox"/>   |     |                          |    |                          |
| NO  | <input type="checkbox"/>   |     |                          |    |                          |

**B. EMPLOYMENT EQUITY MONITORING INFORMATION**

|   |         |          |        |       |
|---|---------|----------|--------|-------|
| Race: Please indicate with ✓  | African | Coloured | Indian | White |
| Gender: Please indicate with ✓  | Male    |          | Female |       |
| Health / Disability Please provide details of any physical disabilities and/or any other:<br>.....<br>..... |         |          |        |       |

**C. SECONDARY & TERTIARY QUALIFICATIONS**

|                          |  |               |  |
|--------------------------|--|---------------|--|
| Name of School           |  |               |  |
| Highest Std/Grade Passed |  | Date obtained |  |
| Subjects Passed          |  |               |  |

|                                 |       |        |
|---------------------------------|-------|--------|
| Name of Tertiary Institution(s) |       |        |
| Qualification obtained:         |       |        |
| Date obtained:                  |       |        |
| Subjects passed:                | MAJOR | OTHERS |
|                                 |       |        |

**IF YOU ARE STUDYING AT PRESENT, GIVE FULL DETAILS:**

.....

.....

.....

**APPRENTICESHIP / LEARNERSHIP / OTHER**

|  |  |           |             |                        |
|--|--|-----------|-------------|------------------------|
| Trade: .....   | <table border="1"> <tr> <td>Qualified</td> <td>Unqualified</td> </tr> </table> | Qualified | Unqualified | Please indicate with ✓ |
| Qualified  | Unqualified  |           |             |                        |
| Name of Institution: .....   | Registration date: .....   |           |             |                        |
| Other qualifications obtained: .....   |  |           |             |                        |
| Are you a member of a professional association? Please indicate with ✓ <b>Yes / No</b> Please provide details: |  |           |             |                        |
| .....  |  |           |             |                        |
| Additional courses attended:   |  |           |             |                        |
| .....  |  |           |             |                        |

**D. RECOGNITION OF PRIOR LEARNING**

State clearly any relevant knowledge and skills obtained that can be linked to the requirements as advertised.

|  |  |
|--|--|
| Knowledge of:<br>.....<br>.....<br>..... | Skilled in: (e.g. computers, supervision)<br>.....<br>.....<br>..... |
|--|--|

**E. GENERAL**

| Language proficiency<br>Please indicate with ✓ | English |      |      | Other: _____ |      |      | Other: _____ |      |      |
|--|---------|------|------|--------------|------|------|--------------|------|------|
|  | Good    | Fair | Weak | Good         | Fair | Weak | Good         | Fair | Weak |
| Write  |         |      |      |              |      |      |              |      |      |
| Read   |         |      |      |              |      |      |              |      |      |
| Speak  |         |      |      |              |      |      |              |      |      |
| Understand only                                |         |      |      |              |      |      |              |      |      |

Are you in possession of a driver's licence? **Yes / No** Date issued: ..... Type: .....

If endorsed, specify: .....

Have you ever been convicted of a criminal offence, which may impact on the post you are applying for? **Yes / No** .....

**F. WORKING EXPERIENCE / EMPLOYMENT RECORD**

| Are you presently employed? Please indicate with ✓        |                         |  |  |    |  |  |
|---|-------------------------|--|--|----|--|--|
|   |                         | <table border="1" style="display: inline-table;"> <tr> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">No</td> </tr> </table> | Yes  | No |  |  |
| Yes   | No                      |  |  |    |  |  |
| Current / Last Employer                                   | Position held           | Nature of duties   | Period of service  |    |  |  |
| Name: .....<br>Address: .....<br>.....<br>Tel. No.: ..... | .....<br>.....<br>..... | .....<br>.....<br>.....  | From: .....<br>To: .....<br>Reason for change:<br>.....<br>..... |    |  |  |
| Previous Employer(s)                                      | Position held           | Nature of duties   | Period of service  |    |  |  |
| Name: .....<br>Address: .....<br>.....<br>Tel. No.: ..... | .....<br>.....<br>..... | .....<br>.....<br>.....  | From: .....<br>To: .....<br>Reason for change:<br>.....<br>..... |    |  |  |
| Name: .....<br>Address: .....<br>.....<br>Tel. No.: ..... | .....<br>.....<br>..... | .....<br>.....<br>.....  | From: .....<br>To: .....<br>Reason for change:<br>.....<br>..... |    |  |  |
| Name: .....<br>Address: .....<br>.....<br>Tel. No.: ..... | .....<br>.....<br>..... | .....<br>.....<br>.....  | From: .....<br>To: .....<br>Reason for change:<br>.....<br>..... |    |  |  |

**G. REFERENCES**

I hereby certify that the above-mentioned information is to the best of my knowledge true and correct. I accept that, in the event of my application being successful, any information to the contrary will lead to immediate dismissal. I have acquainted myself with the content of the main duties stated in the advertisement of the post and declare that I am fit to fulfil the duties.

I hereby give permission to the Steve Tshwete Local Municipality to contact any person at my current or previous employer(s) and/or relevant institution to obtain a detailed reference regarding my general conduct, work performance-history, behaviour etc. With the exception of the following, who must not be contacted:

\_\_\_\_\_ Reason: \_\_\_\_\_  
\_\_\_\_\_

I also give consent that this information together with any relevant information like findings by a medical practitioner, criminal record and any other relevant information be made available to Steve Tshwete Local Municipality.

**H. DECLARATION**

I hereby confirm that the following people who are involved in the activities of the Steve Tshwete Local Municipality either as a Councillor or an official, is related to me.

NONE:

| <u>NAME &amp; SURNAME</u> | <u>RELATIONSHIP</u> | <u>POSITION OR DESIGNATION</u> | <u>DEPARTMENT</u> |
|---------------------------|---------------------|--------------------------------|-------------------|
| 1. _____                  | _____               | _____                          | _____             |
| 2. _____                  | _____               | _____                          | _____             |

SIGNATURE: .....

DATE: .....

**NB :** Please initial each page in the right hand bottom corner and sign next to each correction made by you on this form.