



EMALAHLENI LOCAL MUNICIPALITY

Application for Employment

Important

We do not interview all candidates who apply. Please complete this form carefully and provide as much detail as possible as it is our only indication of your potential at this stage.

Position

Reference number

Surname

Salary number (Emalahleni employees only)

First names

ID

Postal address

Postal Code

Residential

Postal Code

Citizen

Are you a permanent resident of South Africa?

Permanent residence permit number

Cell phone no.

Telephone Home

Code

Telephone Work

Confidential

1. Employment History

Name and address of Employer		Position Held	Period		Brief Description of Duties
			From	To	
1.1	Current employer				
1.2	Previous employer				
1.3					
1.4					
1.5					
1.6					
1.7					
1.8					
1.9					
1.10					
1.11					
1.12	Condition of Health: Give details and date of operation undergone, serious illness, mental or physical defects.				
1.13	Have you ever been medically boarded or declared unfit for work by a previous employer? If so, please give details				
1.14	Do you possess a driver's license? (State classes of vehicles) Code				

2. Education and Training Records

Standard/ Certificate / Diploma / Degree

Highest Qualification Passed	Year	Name of School/Institution	Subjects Passed

2.1 Apprenticeship and when completed

2.2 Membership of professional institutes/associations

Date(s) admitted

2.3 If you are currently studying, give full details:

2.4 Have you ever been convicted of any crime?:

If yes, please specify the crime as well as the verdict:

3. Particulars of Income and Reference

External Applicants Only

3.1	Present or last basic salary	R	per annum
3.2	Allowances (Specify)	R	per annum
3.3	Bonus	R	per annum
3.4	Housing subsidy	R	per annum
3.5	Other (Specify)	R	per annum
3.6	Total income	R	per annum

Please note: On appointment, proof of salary may be required.

4. Employment Details

To be completed by external applicants for staff records

4.1	Surname	Ms	Mr	Mrs.	Miss	Dr	Prof
	Title						
4.2	Initials						
4.3	Date of Birth						
4.4	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>				
4.5	Race	Black	Indian	white	Coloured		
4.6	Physically challenged declaration form will be issued on request						

Please give the names of two people who can give you a reference concerning your character and work performance.

Organization	Name of position	Code	Telephone number/ Cell NO

Your current employer will not be contacted without my specific permission.

If no response is received from Municipality within 30 days after the closing date, it must be accepted that your application has not been successful.

Signature of Applicant

Date

Read carefully before signing:

I certify that the information contained on this form is true and accurate to the best of my knowledge. I understand that false or incomplete information may constitute grounds for dismissal and an investigation may be made of my background and used relative to my employment status. I also authorize my former employers and any other persons or organizations to provide any information that they may have about me and release all concerned from any liability in connection herewith.

FOR OFFICE USE ONLY:

Date of receipt:		Remarks
Interview of Date		
Appointment Date		
Salary Scale		
Salary Notch		
Director		
Human Resources		