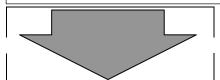


## Dr Beyers Naudé Local Municipality/Munisipaliteit/uMasipala

Church Square, P.O. Box 71, Graaff-Reinet,6280, www.bnlm.gov.za el: 049 807 5700 Fax: 049 892 4319 Email: municipality@bnlm.gov.za

# **APPLICATION FOR EMPLOYMENT**



# WHAT IS THE PURPOSE OFTHIS FORM

To assist the Human Resources department in selecting a person for an advertised post.

This form may be used to identify candidates to be inter- viewed. Since all applicants cannot be interviewed, you need to fill in this form completely, accurately, and legibly. This will help to process your application fairly.

#### WHO SHOULD COMPLETETHIS FORM

Only persons wishing to apply for an advertised position in Dr Beyers Naude Local Municipality.

#### **ADDITIONAL INFORMATION**

This form requires basic information. Candidates who are selected for interviews will be requested to furnish additional certified information that may be required to make a final selection.

### **SPECIAL NOTES**

- 1 All information will be treatedwith the strictest confidentiality and will not be disclosed or usedfor any other purpose than to assess the suitability of a person, except in so far as it may berequired and permitted by law. Your personal details must correspond with the details in your ID or passport.
- 2 Passport number in the case of non-South Africans.
- 3 This information is required to enable the department to comply with the Employment Equity Act, 1998.
- $4-{\ \, This}$  information will only be taken into account if it directly relates to the requirements of the position.
- 5 Applicants with substantial qualifications or work experience must attach a CV.

### A. THE ADVERTISED POST

Position for which you are applying for (as advertised)	Department where the position was advertised
Reference number (as stated inthe advert)	If you are offered the position, when can you start OR how much notice must you serve with yourcurrent employer?

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		Indian
F	Female	Male
	Yes	No
	Yes	No
	Yes	No
been	Yes	No
r official		
	or official	Yes

C. HOW DO WE CONTACT YOU?						
Preferred language for correspondence?						
Telephone number during office hours						
Preferred method forcorrespondence	Post	E-mail	Fax			
Correspondence contact details (in terms of above)						

D. LANGUAGE PROFICIENCY -	- state 'goo	d', 'fair', or	'poor'						
		Languages (specify)							
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Write	+			_					
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E. QUALIFICATIONS (please igr	nore if you	have attach	ned a C	V with t	hese d	etails)	_		
Name of School/Technical (				ualification			T Year o	btained	
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Tertiary education (complete for	r each qual	ification you							
Name of institution			Name	of quali	fication		Year o	btained	
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Current study (institution and quali	ification):								
F. WORK EXPERIENCE (please					th thes		<u> </u>		
Employer (includingcurrent	Pos	st held	Fre	om		То	Reason for	Reason for leaving	
employer)			MM	YY	MM	YY	7		
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If you were previously employed in		Service, ind	icate w	hether a	any con	dition	Yes	No	
exists that prevents your re-appoir		in a donort	nt					<del></del> -	
If yes, Provide the name of the pre	WIOUS empir	Oying depart	meni ———						
G. REFERENCES (please ignore				ith thes					
Name	Rela	ationship to y	/ou	_	Tel. I	No. (office	office hours)		
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DECLARATION									
I declare that all the information pro knowledge. I understand that any t discharge if I am appointed:									
Signature:			Date:						
		1							