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 applying for:

Surname: **Salary number for Internal Employees only:**

Title: Mr/Ms. **First names:**

ID No.:

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:**

1.WORK EXPERIENCE (Additional information may be provided on your CV

	Name of Employer	Position Held	Period		Brief Description of Duties
			From	To	
1.1					
1.2					
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)**				

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:

Have you been dismissed for misconduct during the past ten (10) years	Yes	No
If yes, Name of Employer		
Type of a misconduct / transgression		
Date of resignation/disciplinary case finalized/dismissal		
Award/sanction		
Have you been accused of an alleged misconduct and resigned from your job pending finalization of the disciplinary proceedings?	Yes	No
Have you been convicted of any other crime	Yes	No

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 Title	**Ms**	**Mr**	**Mrs.**	**Miss**	**Dr**	**Prof**
4.2	Initials						
4.3	Date of Birth						
4.4	Gender Male ☐ Female ☐						

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.

Name of Employer	Name of References	Relationship	Telephone number/ Cell NO	Email address

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 hereby declare that al the information provided in this application and any attachments in support thereof is to the best of my knowledge true and correct. I understand that any misrepresentation or failure to disclose any information may lead to my disqualification or termination of my contract, if appointed.

FOR OFFICE USE ONLY:

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