



VHEMBE DISTRICT MUNICIPALITY
APPLICATION FOR EMPLOYMENT FORM

REFERENCE AND SECURITY CHECKS WILL BE DONE ON APPLICANT BEFORE APPOINTMENT

Direction to candidates: 1. Applications on form with full particulars of the applicants' training, qualifications, skills, competencies, knowledge and experience (on a separate sheet or a CV). 2. Applicants must indicate post name and where necessary a reference number of the vacancy in their applications. 3. Applicants requiring additional information regarding an advertised post, must direct their enquiries to VDM Corporate Services Department. 4. Applications should be forwarded in time to the Municipality since applications received after the closing date will not be accepted. SPECIAL NOTES: 2. Vhembe District Municipality subscribes to the principles of National norms and standards relating to employment equity. We assure you that your opportunity for employment with this Municipality depends solely on your qualifications. 2. Please note that canvassing and lobbying will automatically disqualify your application	1. POST DETAILS							
	Position applying for:							
	2. PERSONAL DETAILS							
	First Names							
	Surname							
	Date of Birth							
	ID Number							
	Do you have a drivers' license?	Yes	No	Code:		License No:		
	Gender	Male	Female	Are you a Previously Disadvantaged Individual?		Yes	No	
	Are you disabled?	Yes	No	Nature of disability:				
	Are you a South African Citizen?	Yes	No	If no state your Nationality:				
				Do you have a valid work permit	Yes	No		
	3. CONTACT DETAILS							
	Postal Address							
	E-mail							
	Telephone							
	Cell							
	Fax							
	4. LANGUAGE PROFICIENCY							
Language								
Speak								
Read								
Write								

5. EDUCATIONAL QUALIFICATIONS		
5.1. TERTIARY EDUCATION		
Name of Institution	Qualifications	Year Obtained
5.2. SECONDARY EDUCATION		
Highest Standard passed	Exemption Yes/No	Year obtained
6. WORK EXPERIENCE		
Employer	Position held	
6. STATE ANY ACHIEVEMENT OR COMMUNITY PARTICIPATION		
Achievement	Elaborate	
7. REFERENCES		
Name of Person	Relationship to You	Contact
8. DECLARATION		
I declare that all the information provided (including the attachments) is complete and correct to the best of my knowledge. I understand that false information supplied could lead to my being disqualified or discharge if I am appointed		
Signature:		Date:

Thank you for completing this application form and for interest shown in our municipality.

“The hub of legend