

APPLICATION FOR EMPLOYMENT

Private Bag X52 Malmesbury 7299 Tel no (022) 487 9400

E-mail: swartland.org.za

1. DIRECTIONS

E-mail Address

- (a) The purpose of this form is to assist Swartland Municipality in selecting suitable candidates for an advertised post.
- (b) This form must be completed in full, accurately and legibly. All substantial information relevant to an applicant must be provided in this form. Any additional information may be provided on the CV.
- (c) Candidates shortlisted for interviews may be requested to furnish additional information that will assist municipalities to expedite recruitment and selection processes.
- (d) All information received shall be treated with strict confidentiality and shall not be used for any other purpose than to assess the suitability of the applicant.
- (e) This form is designed to assist Swartland Municipality with the recruitment, selection and appointment of staff members in terms of the Municipal Systems Act, 2000 (Act No. 32 of 2000)

(f) Origina	ns Act, 2000 (al certificates estions must b	and oth	er do	cuments m							1unicipality	′ .					
	LS OF THE																
	e Municipality			ARTLAND							·						
Advertised post applying for																	
Reference I	Number																
Notice serv	ice period																
3. PERSC	NAL DET	AILS															
Dr	Mr Mr		s Miss			Male	Femal	ale Marrie		ed Single		Divo	rced	Widow	er	Widow	
Surname					F	Previous S	Surname		Staff No (Current Employees)						ees)		
First names	(in full)									Prefe	erred Lang	uage	of Comn	nunicatio	n		
Date of Birth	ı					Age		ID Number									
		Africa	n			White				Coloured			ed Indian			ian	
Race																	
Do you hav	e a disability?	Ye	s	1	No	If yes		state the particulars thereof									
	South African	Ye	es N		Nο		If not, what is your			nationality?						1	
Citizen?		16.			NO	Do yo		ou have a valid w				١	⁄es			No	
Do you hold professional			Van				Name o	Name of professional body			y Mem		nbership	number	Ехр	iry dat	<u>e</u>
membershi professiona	p with any	Ye	S	ľ	No												
			-					Yes			ı		No				
	our <u>family</u> in the e person and			this munici	palit	ty? If yes,	state the		Name:								
									Relationship:								
4. CONTA	ACT DETA	ILS					•					ı					
Postal Address								Tel no during office hours									
Postal Code								Mobile phone no									

5. QUALIFICATIONS (please elaborate on your CV) Highest educational qualification obtained (Attach copies of certificates) Name of School Highest Grade obtained Year obtained Subjects passed Subjects passed Grade Symbol Grade Symbol 1. 5. 2. 6. 3. 7. 8. Highest Tertiary Qualification obtained (Attach copies of certificates) Name of Institution Name of Qualification NQF Level Year obtained 1. 2. 3. Apprenticeship (Attach copy) Trade Period of Apprenticeship At which firm did you complete your Apprenticeship? **Further formal studies** Are you currently busy with further formal studies? Yes No If yes, state the name of the qualification Expected date of completion **Drivers licence (Attach copy)** Heavy

Motorcycle <125cc	Motorcycle >125cc	Light vehicle		Heavy vehicle	Extra heavy vel		Licence number		
Code A1	Code A1 Code A		Code B Code EB		Code EC	Code EC1	Period valid		
							Learners licence	Yes	No
Language pro		e your profi	ciency as Good	, Fair, Poor or I	None				
		Af	rikaans	English		Xhosa		Other:	
Write									
Read									
Speak									
Computer pro		te your profi	ciency as Goo d	l, Fair , Poor or I	None				
Microsoft Word		Microsoft Excel		MS PowerPoint		E-mail		Other:	

6. WORK EXPERIENCE (please elaborate on your CV)

In the schedule below indicate all the posts you have held in chronological order, your current or last post first

				om	Т	Ö		
Employer (starting with the most rece	ent)	Post held	Month	Year	Month	Year	Reason for leaving	
1.								
2.								
3.								
4.								
5.								
Gross salary required R		per annum						

7. DISCIPLINARY REC	CORD										
Have you been dismissed for	or misconduct dur	ing the pas	ten (10) years?			Yes	No				
If yes, Name of Municipality/	/Employer										
Type of Misconduct/Transgr	ession										
Date of Resignation/Discipling	nary case finalise	d/Dismissa									
Award/Sanction											
Have you been accused of a proceedings?	an alleged miscor	nduct and re	signed from your	job pending finalization (of the disciplinary	Yes	No				
8. CRIMINAL RECORI	D										
Have you been convicted of	any criminal offe	nce in a cou	ırt of law during t	he past ten (10) years?		Yes	No				
If yes, type of criminal act						•					
Date criminal case finalised											
Outcome/Judgent											
9. REFERENCES (plea			•	Call about a sumbar							
Name of Referee	Relationship	ı eı (office hours)	Cell phone number	E-mail						
10.ALGEMEEN / GENE	FRAL										
INTERNAL APPLICANTS:		that my per	sonal file may be	revealed to the appointm	nent committee.	Yes	No				
11.CHECKLIST											
Are copies of the following	ng attached? (Ma	rk appropria	ate block)								
Identity Document			Qualification Certificates								
Drivers licence			School Certifi	School Certificate							
Last Payslip			Did I complet	e all sections of the appli	cation form?						
12.DECLARATION											
	stand that any mi			n and any attachments ir disclose any information							
b. CONSENT for the p	processing of pers	sonal inform	ation in terms of	the Protection of Persona	al Information Act,	Act 4 of 2	013 ('POPIA')				
I hereby authorise S support of the applic		•	, review and proc	ess any personal informa	ation (as defined in	ı POPIA) ş	provided in this f	orm in			
processing of perso	nal information a n where the Muni	nd hereby of cipality may	ive my consent to d	Il information processed in the Swartland Municipators, solely in respect of inicipality:	lity to collect, proc	ess, store	and distribute re	elevant			
implement and	nts reasonable se	curity safe	juards designed	to protect personal data	from loss, misuse	e, alteratio	n, destruction o	r damage			
 takes step 	ps to limit access	to personal	data to those off	icials who need to have a	access to it.						

Date

Signature of Applicant