

**LEPHALALE**

**MUNICIPALITY**

***APPLICATION FOR EMPLOYMENT***

***CONFIDENTIAL***

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***SURNAME AND INITIALS***

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***POSITION APPLIED FOR***

***Complete this form, sign the undertaking  
On page 2 and return it to:***

***The Municipal Manager  
Corporate & Support Services Directorate: HR Division  
Private Bag X136  
LEPHALALE  
0555***

***Tel.: (014) 763 2193/4  
Fax : (014) 763 5662***

**UNDERTAKING BY APPLICANT**

1. **I HEREBY** authorise the Council at any time to address enquiries with regard to my behaviour, diligence, and etcetera, to my present or previous employers or other source.
2. **I** hereby certify that all the information included herein is to the best of my knowledge, true and correct.
3. **I** also understand that, if I should be appointed in the vacant position and accept the appointment but fail to assume duty with the Council on the date agreed upon, I will be held responsible for payment of the wasted expenditure in respect of advertisements and subsistence and travelling allowances.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**NB**

1. **REMEMBER TO SIGN THIS UNDERTAKING.** If this undertaking is not signed by you, your application cannot be considered.
2. **ONLY CERTIFIED COPIES** of certificates and testimonials should be attached hereto. The originals to be produced if and when required.
3. **THE COUNCIL** reserves the right to cancel its employment agreement with an applicant upon proof of misrepresentation in the application.
4. **PERSONAL** canvassing for appointment is strictly prohibited. Proof thereof shall disqualify an applicant for appointment.
5. **IF** applicant's application is successful and he\she fails afterwards to accept the position, travelling expenses paid to him\her may be recovered from him\her.
6. **IF** no written response regarding the results of the vacancy has been received by you within 30 days after the closing date of the said vacancy, please note that your application was then unsuccessful.
7. **Please note** that some of the information requested in this application form is specific to comply with the stipulations of the Employment Equity Act and not be discriminating.

**PERSONAL PARTICULARS**

(Mr\Ms) SURNAME						
FIRST NAMES						
POSTAL ADDRESS & CODE						
RESIDENTIAL ADDRESS						
IDENTITY NUMBER						
DATE OF BIRTH						
RACE						
TELEPHONE NUMBER	Home			Work		
NATIONALITY						
RESIDENTIAL PERMIT NO, if not a SA citizen						
MARITAL STATUS cross applicable block	<b>UNMARRIED</b>			<b>MARRIED</b>		
DEPENDANT CHILDREN & AGE	Example	S/2				
		D/3				
PREFERRED COMMUNICATION LANGUAGE						
LANGUAGE PROFICIENCY	Speak					
	Read					
	Write					

ARE YOU IN POSSESSION OF A VALID DRIVER'S LICENCE?	YES  NO	CODE
ANY ENDORSEMENTS ON DRIVER'S LICENCE? IF SO, GIVE FULL PARTICULARS		
HAVE YOU EVER BEEN SENTENCED FOR A CRIMINAL OFFENCE OR DISMISSED FROM ANY EMPLOYMENT? IF SO, GIVE PARTICULARS		
DO YOU HAVE ANY PHYSICAL OR MENTAL DEFECTS OR DISEASE? IF SO, FURNISH PARTICULARS.		

### EDUCATION

MENTION HIGHEST STANDARD PASSED			
OTHER AFTER SCHOOL STUDIES			
<b>NAME OF UNIVERSITY, COLLEGE, SCHOOL OR EDUCATIONAL INSTITUTION</b>	<b>FROM</b>	<b>TO</b>	<b>QUALIFICATION OBTAINED OR STAGE REACHED IN STUDIES</b>

SPECIAL COURSES UNDERTAKEN(OTHER APPLICABLE QUALIFICATIONS)	

**DETAILS OF PRESENT EMPLOYMENT**

Are you employed at present?	
Name of employer	
Nature of business	
Present position	
Period of service	
Current salary	
Value of bonus or special allowance	
Reason for wishing to leave	
Period of notice required	
Date services available	

**DETAILS OF PREVIOUS THREE EMPLOYMENTS**

POSITION & EMPLOYER	FROM	TO	SALARY	MAIN DUTIES DONE

**REFERENCE:** Give the names of three (3) people to whom reference may be made in support of your application. These should include two (2) previous employers (where applicable).

NAMES	OCCUPATION	CODE	*CHECKED BY

**OFFICIAL USE ONLY  
IF APPOINTED**

RESOLUTION	
POSITION	
SCALE	
NOTCH	
DATE OF APPOINTMENT	
PREVIOUS INCUMBENT	
REMARKS: MANAGER	
SIGNATURE	
NAMES OF OBSERVERS:	
SAMWU:	
IMATU:	
REMARKS: MUNICIPAL MANAGER	
SIGNATURE	