

## APPLICATION FOR TEMPORARY WORK ON A FIXED-TERM CONTRACT IN TERMS OF FEZILE DABI DISTRICT MUNICIPALITY'S EPWP PROGRAMME

<b>Kindly mark with an "X" the appropriate box.</b>			
I am a woman below 35 years of age		I am a woman above 35 years of age	
I am a man below 35 years of age		I am a man above 35 years of age	
I am a person with a disability.		I am a person without any disabilities.	

### **Project Implementation Area:** **GREATER METSIMAHOLO LOCAL MUNICIPALITY AREA**

**Full name/s of applicant:** \_\_\_\_\_

**Surname of applicant:** \_\_\_\_\_

**ID Number:** \_\_\_\_\_

**Cell phone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Home address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Municipality name:** \_\_\_\_\_

**Ward number:** \_\_\_\_\_

**Sub Place/village:** \_\_\_\_\_

**Highest level of Qualification:** \_\_\_\_\_

**Number of people in household:** \_\_\_\_\_

**Number of children attending school:** \_\_\_\_\_

**Disability (if applicable):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initial

**Home language:** \_\_\_\_\_

**Other languages:** \_\_\_\_\_

I, \_\_\_\_\_ hereby declare  
and acknowledge that:

- a) All the information contained in this application is true and correct.
- b) If my application is successful, my appointment will be a temporary fixed-term contract and I will be responsible for my own transport to and from the workplace.
- c) I did not take part in any EPWP or CWP programmes in the past 12 months.
- d) If any information provided by me is false or incorrect, it might lead to immediate dismissal if appointed.

**Initials and Surname:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_