Sundays River Valley Municipality

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23 Middle Street, Nqweba, 6120
P.O. Box 47, Nqweba, 6120

APPLICATION FOR EMPLOYMENT

1. All particulars in this application are treated as confidential.
2. Canvassing for appointment will disqualify an applicant.
3. Changing of conditions on this form will disqualify your application.
4. A successful candidate who willfully makes a false statement renders him/herself liable to dismissal.

A. GENERAL PARTICULARS OF CANDIDATE

TITLE (Prof., Dr., Mr., Ms., Mrs.) INITIALS AND SURNAME: _____

POSITION APPLYING FOR: _____

HOW DID YOU BECOME AWARE OF THE POSITION (e.g., Newspaper, website, General enquiry, SRVM Employee, etc.):

_____

IF ADVERTISED, NAME PUBLICATION: _____

SALARY REQUESTED: _____

WHEN CAN YOU ASSUME DUTY? _____

B. PERSONAL DETAILS (PRINT)

Surname_____Maiden name_____

First Names_____

Date of Birth …. /……/……/ Gender: Male/ Female Marital Status_____

Number of dependents_____ Their ages _____

Nationality_____ Town of birth_____

S.A. Identity no_____Tel: home:_____work:_____

Home address

Postal address and code_____

_____

Employer of spouse

_____

His /Her capacity_____Tel. No. Work_____

Why are you applying for this?
position_____

_____

If you are selected for an interview, are you prepared to undergo testing? **YES/ NO** (Mark applicable)

State any physical and or mental defect or disease and or chronic disease _____

Special interests including Sport and Hobbies_____

Have you ever been convicted of a criminal offence or being dismissed from employment or ever been declared insolvent**? YES/ NO** (Mark applicable) If **yes** furnish particulars on a separate sheet.

Do you have a driver's license? **YES / NO**
If you are in a possession of a vehicle, are you prepared to use it for official purposes at remuneration? **YES/ NO**
State no:
Code/s:

C. QUALIFICATIONS (Please attach certified copies of all qualifications. No original documents)		
NAME OF INSTITUTION	QUALIFICATION	YEAR OBTAINED

Apprenticeship being, or was completed as_____

Institution where apprenticeship is being /was completed._____

PERIOD			
FROM		**TO**	
YEAR	**MONTH**	**YEAR**	**MONTH**

D. LANGUAGE PROFIENCY (Indicate proficiency as Good, Average or Below average)			
LANGUAGE	**SPEAK**	**READ**	**WRITE**
ENGLISH			
ISIXHOSA			
AFRIKAANS			
OTHER (Name the language)			

E. **EXPERIENCE** (State in sequence all periods covering the last 10 years even periods of unemployment, military services, fulltime study, etc.)

NAME OF EMPLOYER	**CAPACITY OR TYPE OF WORK**	**FROM**		**TO**		**REASON FOR LEAVING**

Do you engage directly or indirectly in any business profession, trade or calling or do you undertake any work for remuneration other than stated in this application form. **YES / NO** (Mark applicable block)

F. PRESENT EMPLOYER
NAME……PERIOD EMPLOYED……
G. FINANCIAL PARTICULARS
Present Annual Salary (Salary only) ……R…….. Present Financial fringe Benefits……R…… ……R……. **TOTAL** R…… Present increment date……Present period of notice…… State if contractually obligated to your present or previous employer (e.g., amount, committed period) ……..

H. DETAILS OF PREVIOUS APPLICATIONS TO THE SUNDAYS RIVER VALLEY MUNICIPALITY		
Posts applied for and year:		
Did you undergo a selection test at the time?		
I. PERSONAL REFERENCES (Name three present or former colleagues/heads/-but not relatives)		
NAME	**CONTACT DETAILS**	**RELATIONSHIP (e.g., Colleague)**
1.		
2.		
3.		
J. SUMMARY OF CAREER		

NOTE: Give a summary of your career and state any particular abilities, experience, courses you have followed; societies to which you belong; special achievements in any field and any relevant duties

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K. DECLARATION BY APPLICANT

I DECLARE THAT

1. I, the undersigned, hereby acknowledge myself to be truly and lawfully indebted to the Sundays River Valley Municipality the total sum of the costs incurred by the said council to advertise the vacancy concerned or a pro rata share thereof, and any costs incurred to enable me to attend an interview with officials of the Municipality, should I fail to commence duties after having been advised, and accepted my appointment in writing.

2. I confirm that the information herein supplied by myself is correct and understand that I can be held legally liable for the consequences of any intentional misrepresentation.

..... ……..

SIGNATURE **DATE**

FOR OFFICIAL USE ONLY

Appointed with effect from……. Designation……

Salary Grade…… Notch……..

Head of Department…… Date…….