

éDumbe Municipality
 Human Resource Section
 Corporate Services Department
 Private bag x 308
 Paulpietersburg
 3180
 Tel: 034 995 1650
 Fax: 034 995 1192



APPLICATION FOR EMPLOYMENT

1. Position for which you are applying: _____
 Reference no: _____

2. PERSONAL

Title: _____ Surname: _____ First Names: _____

Date of Birth: _____ Identity No: _____ Age: _____

Do you have any disability? YES / NO if yes elaborate: _____

Nationality: _____

Are you a South African Citizen? YES / NO

If NO: what is your Nationality: _____ Do you have work permit: _____

Do you hold a professional membership with any professional body: YES / NO. If yes fill in below:

Professional Body: _____ Membership Number: _____ Expiry date: _____

3. Contact Details

Preferred language for correspondence _____

Contact number during office hours _____

Preferred method for correspondence: Post e-mail Fax

Correspondence contact details _____

Languages (state 'GOOD,' 'FAIR,' 'POOR')

Proficiency in Languages	Speak	Read	Write
1. English			
2. IsiZulu			
3. Other			

4. Qualifications

Last school attended: _____

Highest grade passed: _____ Year _____

Last College /Technikon/University attended _____

Name of Insitution	Name of Qualification	Year obtained

Certified copies (not older than 3 months) of certificates must be attached to this application form

5. Work experience

Employer (STARTING WITH MOST RECENT)	Position held	Period		Reason for leaving
		FROM	TO	

Earliest date on which duties can be assumed:

6. Employment References

Initials and Surname of Person	Company/Employer Name	Relationship	Contact Number/s

7. Criminal Records

Do you have any criminal record YES / NO if yes please type of criminal act:

8. Declaration

Do you have any family (father, mother, son, daughter, brother or sister) working for the Council?

Please provide details of the relationship: _____

Do you have any friend/s working for Council? Please provide details: _____

Any other information: _____

I the undersigned, hereby solemnly state as follows:

1. That the information stated above is true and correct to the best of my knowledge;
2. That should the above information be wilfully false statement, I am aware that I render myself liable for instant dismissal on proof thereof;
3. That I am aware that I am held responsible for losses which the Council may suffer as a result of my failure to assume duties;
4. That I understand and accept that if I am appointed to the services of éDumbe Municipality, such appointed shall be subject to the provisions of relevant legislation, the relevant Conditions of Employment, the relevant Code of Conduct, as amended from time to time.

Signature:

Date:

FOR OFFICE USE ONLY: