

# BAVIAANS LOCAL MUNICIPALITY

42 Wehmeyer Street/Straat  
WILLOWMORE  
Tel. 044 – 9231004 / Fax 044 – 9231122

Kerkstraat / Churchstreet  
STEYTLERVILLE  
Tel. 049 – 8350022 / Fax 049 – 8350255

## APPLICATION FOR EMPLOYMENT

**NOTE:**

1. All particulars in this application are treated as confidential.
2. Canvassing for appointment 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) INITIALS AND SURNAME: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

HOW DID YOU BECOME AWARE OF THE POSITION (e.g. general enquiry, District Municipality employee, etc):

IF ADVERTISEMENT, NAME PUBLICATION: \_\_\_\_\_

SALARY REQUESTED: \_\_\_\_\_

WHEN CAN YOU ASSUME DUTY? \_\_\_\_\_

<b>B. PERSONAL DETAILS (Print)</b>											
Surname:					Maiden Name:						
First Names:											
Date of birth				1	9			Sex	Male	Female	Marital Status:
Number of dependent children:						Their ages (years):					
Nationality:						Identity No.:					
Telephone no. Home:						Work:					
Contact telephone no. where message can be left:											
Home address:											
Postal address and code:											
Spouse's Initials:					His/her occupation:						
Name & Address of his/her employer:											
								Tel No. Work:			
Why are you applying for this position:											
If you are selected for an interview, are you prepared to undergo a selection test? (Mark X)										YES	NO
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 serious criminal offence or been dismissed from employment or ever declared insolvent? If so, furnish particulars on a separate sheet.											
										YES	NO
Do you have a driver's license?				YES	NO	If you are in possession of a vehicle, are you prepared to use it for official purposes at remuneration?					
State no./s		Code/s						use it for official purposes at remuneration?		YES	NO
<b>C. (1) QUALIFICATIONS (Please attach certified copies of all qualifications. No original documents please.)</b>											
SCHOOL				UNIVERSITY / COLLEGE				OTHER			
Name of Institution											
Qualifications and Date obtained											
Subjects passed											
Subjects not yet completed											

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H. DETAILS OF PREVIOUS APPLICATIONS TO THE CACADU DISTRICT MUNICIPALITY		
Posts applied for and year:		
Did you undergo a selection of test at the time:		YES NO
I. PERSONAL REFERENCES (Name three present or former colleagues/heads/lecturers – but not relatives)		
Name	Address and telephone number	Relationship (e.g. colleague)
1.		
2.		
3.		
J. SUMMARY OR CAREER		
<p><b>NOTE:</b> Give a summary of your career and also state any particular abilities; experience; courses you have followed; societies to which you belong; special achievements in any field and any relevant duties and responsibilities, which you consider applicable. Continue on a separate page is necessary.</p>		
K. DECLARATION BY APPLICANT		
<p>I DECLARE THAT-</p> <ol style="list-style-type: none"> <li>I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE MYSELF TO BE TRULY AND LAWFULLY INDEBTED TO THE CACADU DISTRICT MUNICIPALITY THE TOTAL SUM OF THE COSTS INCURRED BY THE SAID MUNICIPALITY 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 OF, AND ACCEPTED MY APPOINTMENT IN WRITING.</li> <li>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 INTERNATIONAL MISREPRESENTATION.</li> </ol>		
_____	_____	_____
SIGNATURE	SIGNATURE OF GUARDIAN IF UNDER THE AGE OF 21 YEARS	DATE
FOR OFFICIAL USE ONLY		
Appointed with effect from:	Designation:	
Salary Grade:	Salary Notch	
HEAD OF DEPARTMENT:	DATE:	

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