

SOL PLAATJE MUNICIPALITY

Private Bag X5030, KIMBERLEY, 8300
 Telephone (053) 830 6705
 E-mail work@solplaatje.org.za
 Website www.solplaatje.org.za



- Complete form in print, in own handwriting with a black pen.
- Please write neatly.
- All questions must be answered in full. This also applies to employees of Sol Plaatje Municipality.
- A separate application form is required should you apply for more than one position.
- Certified copies of relevant educational qualifications / certificates should be attached, and drivers licence (where applicable).
- Mark with an * where applicable. Please do not write "CV attached" / "See CV" / "Refer to CV" in any section. This will state that your application is incomplete.
- If currently employed by Sol Plaatje Municipality, please indicate your pay number.

APPLICATION FOR EMPLOYMENT [COMPULSORY]

Vacancy

 Reference Nr.

INFORMATION REGARDING APPLICANT [COMPULSORY]

Title Mr Ms Dr Other Sol Plaatje Municipality's Employee Pay Number (if working for SPM)

Full Names

Surname

Identity Number

 Republic of South African Citizen Yes No

Drivers Licence Yes No Licence Code A A1 B C1 C EB EC1 EC PDP Learners

Languages Afrikaans English Ndebele North Sotho Sotho Swazi Tswana Tsonga Venda Xhosa Zulu

Street Address

Address Line 1

Address Line 2

City

 Postal Code

Postal Address (if different from street address)

Address Line 1

Address Line 2

City

 Postal Code

Contact Number(s)

Home Number

 Cell Number

Work Number

E-mail Address

EMPLOYMENT EQUITY INFORMATION [COMPULSORY] (Necessary in terms of the Employment Equity Act, 1998 requirements)

GENDER Female Male RACE African Coloured Indian White

DISABILITY Yes No If yes, details of disability:

QUALIFICATIONS [COMPULSORY] (Completed qualifications only) – the most recent and which is relevant to the position

SECONDARY QUALIFICATION

Highest School Grade Passed

 Year Highest School Grade Passed

Name of School

HIGHEST TERTIARY QUALIFICATION OBTAINED (Start with latest / current qualification obtained) – relevant to the position

College Certificate / Diploma University Certificate / Diploma Degree Honours / Post Grad. Masters PHD

Name of Institution

Qualification

OTHER QUALIFICATIONS

Name of Institution

Qualification

Name of Institution

Qualification

WORK EXPERIENCE [COMPULSORY] (Start with where you are working now)

Are you currently: Unemployed Employed Self-employed

CURRENT EMPLOYER

Company																														
Position Held																														
Date Started	D	D	M	M	C	C	Y	Y																						
Reason for Change																														

PREVIOUS EMPLOYER

Company																														
Position Held																														
Date Started	D	D	M	M	C	C	Y	Y																						
Reason for Change																														

CONTACTABLE REFERENCES [COMPULSORY] (Preferably in work capacity)

Name																														
Occupation																														
Contact Number																														
Name																														
Occupation																														
Contact Number																														
Name																														
Occupation																														
Contact Number																														

GENERAL

No application, CV or certificates will be handed back. If you have not been contacted within 60 days, your application was unsuccessful.

STATEMENT / CONSENT [COMPULSORY] (Read before you sign)

Have you ever been convicted for a criminal offence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, state the nature thereof
Have you ever been dismissed from employment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, please give full particulars thereof

- I hereby certify that all information provided is true and correct. All relevant information to assist in my application has been disclosed.
- I realise that if this application should lead to my appointment and there is proof that false information has been provided, this may lead to legal proceedings and immediate dismissal.
- I hereby declare that I have attached certified copies of my qualifications which will not be given back to me.
- I confirm that my contact details given here are correct and if anything changes, I will inform Sol Plaatje Municipality as it is my obligation to provide correct contact information.
- I will avail myself on the date and time scheduled for interviews by Sol Plaatje Municipality as I understand that interview dates cannot be altered.
- The Sol Plaatje Municipality complies with the provisions of the POPIA and you are hereby giving consent that your information will only be used for the purpose of the position you have applied for.
- I hereby also give consent that Sol Plaatje Municipality can access my personal information and conduct the following checks as and when necessary qualification(s), memberships, work permits, employment references, criminal record, ID verification, drivers' licence and PDP.

Signature																Date					
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FOR SOL PLAATJE MUNICIPALITY RECRUITMENT OFFICE USE ONLY

Appointed as																From														
Salary Scale																Notch														
Remarks																Post ID														
Directorate											Appointments Committee																			
Vote number																Reference No	20_____ / _____													
Application processed (Recruitment)																Date														
Comments																														
Approval – Executive Director																Date														
Approval – Municipal Manager																Date														
Approval – Human Resource Manager																Date														