

SOL PLAATJE MUNICIPALITY

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 Telephone (053) 830 6705
 Fax 086 650 0314
 E-mail work@solplaatje.org.za
 Website www.solplaatje.org.za



COMPLETE APPLICATION FORM IN FULL IN PRINT WITH BLACK PEN (WRITE NEATLY) AND PROVIDE A COMPLETE CV AND CERTIFIED COPIES OF RELEVANT QUALIFICATIONS.

MARK WITH ✗ WHERE APPLICABLE. PLEASE DO NOT WRITE "CV ATTACHED" / "SEE CV" / "REFER TO CV", BECAUSE IT WILL BE STATED THAT YOUR APPLICATION IS INCOMPLETE. ALL SECTIONS ARE COMPULSORY.

THE CONTENTS OF THIS FORM WILL REMAIN CONFIDENTIAL. THE MUNICIPALITY TAKES ALL NECESSARY PRECAUTION TO ENSURE COMPLIANCE WITH THE POPI ACT 4 OF 2013.

APPLICATION FOR EMPLOYMENT [COMPULSORY]

Vacancy																									Reference Nr.	2	0	/				
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INFORMATION REGARDING APPLICANT [COMPULSORY]

Title Mr Ms Dr Prof 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

Address Line 1

Address Line 2

City Postal Code

Contact Number(s)

Home Number Work Number

Fax Number Cell 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 Other (Specify)

DISABILITY Yes No If yes, elaborate

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

Qualification

Name of Institution

OTHER QUALIFICATIONS

Qualification

Name of Institution

Qualification

Name of Institution

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

 Unemployed

 Employed

 Self-employed

CURRENT EMPLOYER

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

PREVIOUS EMPLOYER(S)

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

REFERENCES [COMPULSORY] (Preferably in work capacity)

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

GENERAL

No application, CV's or certificates / diplomas 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		No		If yes, state the nature thereof
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Have you ever been dismissed from employment?	Yes		No		If yes, please give full particulars thereof
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- I hereby declare that all information provided in this application form is true and correct.
- 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 also avail myself on the date and time scheduled for interviews by Sol Plaatje Municipality as I understand that interview dates cannot be altered.
- 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	
Approval – Executive Director		Date	
Approval – Municipal Manager		Date	
Comments			
Approval – Human Resource Manager		Date	