SOL PLAATJE MUNICIPALITY

Private Bag: X5030
KIMBERLEY
8300

Telephone: (053) 830 6705
Fax: 086 650 0314
E-mail: cjanse@solplaatje.org.za

Complete application form IN FULL in print and provide a complete CV and certified copies of relevant qualifications

Mark with an × where applicable. PLEASE DO NOT WRITE "CV ATTACHED" OR "SEE CV"

APPLICATION FOR EMPLOYMENT

Vacancy:

Reference Nr. 2 0 /

INFORMATION REGARDING APPLICANT

Title: Mr Ms Dr Other

Employee of Sol Plaatje Municipality's Pay Number:

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 PrDP Learners

Languages

Afrikaans English Ndebele Northern Sotho Sotho Swazi Tswana

Tsonga Venda Xhosa Zulu

Languages that you can Speak, Read and Write Fluently

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

QUALIFICATIONS (Only completed qualifications [not currently busy with] – the most recent and which is applicable to the position)

Highest School Grade Passed Year Highest School Grade Passed

Name of School

Highest Qualification Obtained

High School Diploma Post Graduate Diploma Degree Degree (Honours) Degree (Masters) Degree (PHD)

Qualification

Name of Institution

Other Qualifications

Qualification

Name of Institution

Qualification

Name of Institution

WORK EXPERIENCE (Start with latest / current)

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

Previous Employer(s):

Company																															
Position Held																															
Period Worked	D	D	M	M	C	C	Y	Y	–			D	D	M	M	C	C	Y	Y												
Reason for Change																															

Company																															
Position Held																															
Period Worked	D	D	M	M	C	C	Y	Y	–			D	D	M	M	C	C	Y	Y												
Reason for Change																															

Company																															
Position Held																															
Period Worked	D	D	M	M	C	C	Y	Y	–			D	D	M	M	C	C	Y	Y												
Reason for Change																															

Company																															
Position Held																															
Period Worked	D	D	M	M	C	C	Y	Y	–			D	D	M	M	C	C	Y	Y												
Reason for Change																															

GENERAL

No applications, CV's or certificates will be handed back.
NB.: If you have not been contacted within 60 days, accept that your application is unsuccessful.

STATEMENT (Read before you sign)

Have you ever been sentenced for a criminal offence?	Yes		No		If yes, state the nature thereof:

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.

Signature		Date	

FOR OFFICE USE ONLY

Appointed as		From	
Salary Scale		Notch	
Remarks			
Appointments Committee			
Vote number		Reference No:	
Application processed (Recruitment)		Date	
Approval – Director		Date	
Approval – Municipal Manager		Date	
Comments			
Approval – Human Resource Manager		Date	