

Collins Chabane Local Municipality Employment application form

Direction to Candidates:		1. Post details									
1. Applications on form with		Position applying for:									
	full particulars of the applicants' training, qualifications, skills, competencies, knowledge and experience (on a separate sheet or a CV).	Reference no:									
		2. Personal details									
		First Names									
2.	Applicants must indicate post name and where necessary a reference number of the vacancy in their applications.	Surname									
		Date of Birth									
3.	Applicants requiring additional information regarding an advertised post, must direct their enquiries to Lim 345 Corporate	ID Number									
		Do you have a drivers' license?	Yes	No	Code:	de: License No:					
4.	Services Department. Applications should be forwarded in time to the Municipality since applications received after the closing date will not be accepted.	Gender	Male	Female		Are you a Previously Yes No Disadvantaged Individual?			No		
		Are you disabled?	Yes	No	Nature of disability:						
		Are you a South	Yes	No	If no, state your Nationality:						
		African Citizen?		Do you have permit?			e a valid work Yes No				
SPECIAL NOTES:		3. Contact details									
1.	Lim 345 Local Municipality subscribes to the principles of National norms and standards relating to employment equity. We assure you that your opportunity for employment with this Municipality depends solely on your qualifications.	Postal Address									
		E-mail									
		Telephone									
		Cell									
		Fax									
2.	Please note that can- vassing and lobbying will automatically disqualify your application	4. Language Proficiency									
		Language									
		Speak									
		Read									
		Write									



5. Educational qualifications										
5.1 Tertiary Education										
Name of Institution		Qualifications	Year Obtained							
5.2 Secondary Education										
Highest Standard Passed	Ex	emption Yes/No	Year Obtained							
6. Work Experience										
Employer		Position held	Period of Employment							
	. Dot	ionon coc								
Name of Person	7. References									
Name of Person	Rei	ationship to You	Contact No.							
8. Declaration										
I declare that all the information provided (including the attachments) is complete and correct to the best of my knowledge. I duly authorize credential verification types including, but are not limited to, educational qualifications, professional membership, employment history, employment references, consumer credit, criminal record, drivers' license and fraud prevention checks. I understand that false information supplied could lead to my application being disqualified or discharged if I am appointed.										
Signature:		Date:								

Return address: Private bag X9271 Malamulele 0982,

Tel: 015 851 0110; Fax: 015 851 0097