

CACADU DISTRICT MUNICIPALITY

TEL: (041) 5087111 / FAX: (041) 5087000
PO BOX 318, PORT ELIZABETH, 6000

APPLICATION FOR EMPLOYMENT

NOTE:

1. All particulars in this application are treated as confidential.
2. Canvassing 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; 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. PERSONAL DETAILS (Print)											
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 or 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)										Y	N
State any physical and / or mental defect or disease and / 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.										Y	N
Do you have a driver's license?				Y	N	If you are in position of a vehicle, are you prepared to					
State no./s		Code/s		use it for official purposes at remuneration?						Y	N
C. (1) QUALIFICATIONS (Please attach certified copies of all qualifications, No original documents please.)											
SCHOOL						UNIVERSITY / COLLEGE			OTHER		
Name of Institution											
Qualification and date obtained											
Subjects passed											
Subjects not yet completed											

