



Tel: (016) 360 7478

Fax: (016) 360 7530

Email: cvhr@midvaal.gov.za

APPLICATION OF EMPLOYMENT

A. THE ADVERTISED POST			
Position for which you are applying (as advertised):	Department where the position was advertised:		
Reference number as per the advertisement:			
B. PERSONAL INFORMATION			
Surname:			
First Names:			
Identity Number:		Contact No.:	
<i>Please attach a certified copy (not older than (03) three months) of your ID document.</i>			
Residential / Postal Address:			
<i>Please attach proof of residential address.</i>			
Driver's License:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Driver Code:
<i>Please attach a certified copy (not older than (03) three months) of your driver's license.</i>			
Race:	African	White	Coloured
Gender:	Female		Male
Do you have any disability?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
<i>Please provide details of your disability:</i>			
Are you a South African Citizen?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
Any relative/s working for Midvaal Council? Who?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
Medical History:			
Diabetes	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>
	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Please provide detail of any medical condition and or surgical operations you have or had in the past?			

C. CRIMINAL OFFENCES

Have you ever been found guilty of a criminal offence? If yes, please supply information on a separate page: YES NO

Is any criminal case pending against you?

D. QUALIFICATIONS

(Please complete in full, even if a CV is attached – Certified copies not older than (03) three months should be attached to this application form for all qualifications cited)

Name of School / Technical College	Highest Standard / Grade Passed

TERTIARY EDUCATION

Name of Institution (complete for each qualification you obtained)	Qualifications obtained

Current study (what?) (E.g. B.Comm 3 courses)
(include a certified academic record of academic years completed)

Professional Association _____ Membership No.: _____

E. WORK EXPERIENCE

(Please complete in full, even if a CV is attached)

Employer (including current employer)	Position Held	Main Duties	From		To	
			MM	YY	MM	YY

F. REFERENCES

(Previous employers to whom confidential references may be made concerning your application, e.g. Foreman)

Name:	Relationship to you	Tel. No.: (office hours)

If you were previously employed by Public Service, indicate whether any conditions exist that prevents your re-appointment.

G. DECLARATION

I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I also understand and acknowledge that any false information supplied by myself can lead to my application being disqualified or automatic termination of my service if already appointed. By signing this document I authorize/ or give consent to Midvaal Local Municipality to do vetting either by itself or its legally appointed service provider.

Signature:

Date: