

APPLICATION FOR EMPLOYMENT

ALL FIELDS ARE COMPULSORY UNLESS NOT APPLICABLE

1.	This form must be completed in full , accurately, and legibly in your own handwriting with a black pen. All information must be provided in this form. Any additional information may be provided on a CV.										
2.	Candidates shortlisted may be requested to furnish additional information that will assist the George Municipality in expediting the recruitment and selection process.										
3.	All information received shall be treated with strict confidentiality and shall not be used for any other purpose than to assess suitability to the advertised position.										
4.	Canvassing for appointment will disqualify an applicant.										
5.	This application form is used to assist the George Municipality with the recruitment, selection, and appointment of staff members in terms of the Municipal Systems Act, 2000 (Act No. 32 of 2000) and the Municipal Staff Regulations, 890										
DETAILS OF THE ADVERTISED POST (As reflected in the advert)											
Advertised post applying for											
Reference Number							Notice Service Period				
PERSONAL DETAILS											
First Names							Surname				
ID or Passport Number							Employee Number		If applicable		
Gender		Male					Female				
Race		African				Coloured				Indian	
Do you have a disability?		YES	NO	If yes, please elaborate							
		<input type="checkbox"/>	<input type="checkbox"/>								
Are you a South African Citizen?		YES	NO	If not, what is your nationality?							
		<input type="checkbox"/>	<input type="checkbox"/>								
Do you have a valid work Permit?		YES	NO	Driver's Licence		YES	NO	Licence Code		If applicable	
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
Home Language							Preferred language of communication				
Language Proficiency (Mark with X)											
Afrikaans			English			Xhosa			Other: Specify		
Good	<input type="checkbox"/>	Write	<input type="checkbox"/>	Good	<input type="checkbox"/>	Write	<input type="checkbox"/>	Good	<input type="checkbox"/>	Write	<input type="checkbox"/>
Fair	<input type="checkbox"/>	Read	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Read	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Read	<input type="checkbox"/>
Weak	<input type="checkbox"/>	Speak	<input type="checkbox"/>	Weak	<input type="checkbox"/>	Speak	<input type="checkbox"/>	Weak	<input type="checkbox"/>	Speak	<input type="checkbox"/>
None	<input type="checkbox"/>	Understand Only	<input type="checkbox"/>	None	<input type="checkbox"/>	Understand Only	<input type="checkbox"/>	None	<input type="checkbox"/>	Understand Only	<input type="checkbox"/>
Do you hold a professional membership with any professional body						YES	NO	Membership number		If applicable	
						<input type="checkbox"/>	<input type="checkbox"/>				
Name of professional body			If applicable			Expiry date		If applicable			
CONTACT DETAILS											
Telephone number during office hours			()			Mobile phone number					
Physical address								Code			

Email Address															
QUALIFICATIONS (ELABORATE ON CV)															
Highest grade passed				Name of School						Year Obtained					
HIGHEST TERTIARY QUALIFICATION				Business School <input type="checkbox"/>		College <input type="checkbox"/>		Technikon <input type="checkbox"/>		University <input type="checkbox"/>					
Name of institution		Name of qualification		Number of credits		NQF Level		Duration of Qualification							
								Start date		End date					
								Month		Year		Month		Year	
								Month		Year		Month		Year	
								Month		Year		Month		Year	
COMPUTER LITERACY															
Microsoft Word		Microsoft Excel		Microsoft Power Point		Microsoft Outlook		Other: Specify							
Good <input type="checkbox"/>		Good <input type="checkbox"/>		Good <input type="checkbox"/>		Good <input type="checkbox"/>		Good <input type="checkbox"/>							
Average <input type="checkbox"/>		Average <input type="checkbox"/>		Average <input type="checkbox"/>		Average <input type="checkbox"/>		Average <input type="checkbox"/>							
Poor <input type="checkbox"/>		Poor <input type="checkbox"/>		Poor <input type="checkbox"/>		Poor <input type="checkbox"/>		Poor <input type="checkbox"/>							
None <input type="checkbox"/>		None <input type="checkbox"/>		None <input type="checkbox"/>		None <input type="checkbox"/>		None <input type="checkbox"/>							
WORK EXPERIENCE (ELABORATE ON CV)															
1. Employer						Job title									
Duties															
From	Month	Year	To	Month	Year	Reason for leaving									
2. Employer						Job title									
Duties															
From	Month	Year	To	Month	Year	Reason for leaving									
3. Employer						Job title									
Duties															
From	Month	Year	To	Month	Year	Reason for leaving									
4. Employer						Job title									
Duties															
From	Month	Year	To	Month	Year	Reason for leaving									

If you were previously employed in Local Government, indicate if there are any conditions that prevent you from re-employment		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, provide the name of the municipality and the conditions for non-reemployment				
DISCIPLINARY RECORD				
Have you been dismissed for misconduct?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, Name of Municipality/ Employer				
Type of Misconduct/ Transgression				
Date of Resignation/ Disciplinary case finalized/Dismissal				
Award/ sanction				
Have you been accused of an alleged misconduct and resigned from your job pending finalization of the disciplinary proceedings?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
CRIMINAL RECORD				
Have you been convicted of any criminal offence in a court of law?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, type of criminal act				
Date criminal case finalized				
Outcome/ Judgment				
GENERAL				
Do you have the required Qualifications for the position?		Do you possess the required experience for the position?		
State the number of years' experience		Do you possess the required competencies and skills as stated in the advertisement?		
Do you have the required Local Government Experience?				
REFERENCES (ELABORATE ON CV)				
Name of Referee	Relationship	Tel (office hours)	Cell Phone Number	Email
DECLARATION				
I hereby declare that all the information provided in this application and any attachments in support thereof is to the best of my knowledge true and correct. I understand that any misrepresentation or failure to disclose any information may lead to my disqualification or termination of my employment contract, if appointed.				
The George Municipality complies with the provision of the Personal Protection of Private Information Act (POPIA). You are hereby giving consent that your information will only be used for the purpose of the position for which you have applied.				
Signature:		Date:		