

HESSEQUA MUNICIPALITY

Employment Application



APPLICANT INFORMATION

Last name		First	
Street address			
City		Province	Code
Phone		E-mail address	
Date available	Identity number		Desired salary
Position Applied for			Reference no.
Are you a South African citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in RSA? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for Hessequa Municipality?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a criminal offence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Do you have a driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	License code?
Do you own/are you a shareholder/are you a co-owner in a company that does business with the Municipality?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Does your husband/wife/children/parents own a company that conducts business with the Municipality?			YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYMENT EQUITY MONITORING INFO

Race: Black <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Do you have any disabilities?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If so, please provide details:			

LANGUAGE PROFICIENCY

Language	Afrikaans			English			Xhosa		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION

Highest school grade passed		High School Name		Province	
From	To	Major Subjects			
College/Technicon		Where?			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Nat Diploma/BTech
University		Where?			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree/s
Courses					

COMPUTER LITERACY

Microsoft Word	Microsoft Excel	Microsoft Power Point	Microsoft Outlook	Other
Good <input type="checkbox"/>	Good <input type="checkbox"/>	Good <input type="checkbox"/>	Good <input type="checkbox"/>	Good <input type="checkbox"/>
Fair <input type="checkbox"/>	Fair <input type="checkbox"/>	Fair <input type="checkbox"/>	Fair <input type="checkbox"/>	Fair <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"/>

REFERENCES*Please list three professional references.*

Full name		Relationship	
Company		Phone	
Address			
Full name		Relationship	
Company		Phone	
Address			
Full name		Relationship	
Company		Phone	
Address			

CURRENT EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title		Starting salary	End salary
Responsibilities			
From	To	Reason for wanting to leave the employer	

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title		Starting salary	End salary
Responsibilities			
From	To	Reason for leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job title		Starting salary	End salary
Responsibilities			
From	To	Reason for leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

SIGNATURE AND VERIFICATION

I certify that the information provided in this application form is true and correct. If this application leads to employment, I understand that false or misleading information supplied in this application may result in the immediate termination of service contract. The Municipality may verify any information supplied in this application.

Signature	Date
-----------	------