

HESSEQUA MUNICIPALITY

APPLICATION FOR EMPLOYMENT



- The purpose of this form is to assist a municipality in selecting suitable candidates for an advertised post.
- This form must be completed in full, accurately and legibly. All substantial information relevant to a candidate must be provided in this form. Any additional information may be provided on the CV.
- Candidates shortlisted for interviews may be requested to furnish additional information that will assist municipalities to expedite recruitment and selection processes.
- All information received shall be treated with strict confidentiality and shall not be used for any other purpose than to assess the suitability of the applicant.

| APPLICANT INFORMATION | | | | | | | | | | | | | | |
|---|-------|----------------------------------|--|--------------------------------------|-----------------------------------|--|-------------|--|--|--------------------------|------------|--------------------------|-------------------------------|--|
| Last name | | | | First Names | | | | | | | | | | |
| Physical address | | | | | | | Code | | | | | | | |
| Phone number during business hours | | | | Email | | | | | | | | | | |
| Mobile number | | | | Preferred language for communication | | | | | | | | | | |
| Notice period | | | ID or Passport number | | | | | | | | | | | |
| Position being applied for | | | | | | | Reference | | | | | | | |
| Are you a South African citizen? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | If not, what is your nationality? | | | | | | | | | |
| Do you have a valid working permit? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | Do you have a drivers license | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| Do you own/are you a shareholder/are you a co-owner in a company that does business with the Municipality? | | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Does your husband/wife/children/parents own a company that conducts business with the Municipality? | | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Do you hold a professional membership with any professional body? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | Membership number | | | | | | |
| Name of professional body | | | | | | | Expiry date | | | | | | | |
| 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? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If so, please provide details: | | | | | | | | | | | | | | |
| QUALIFICATIONS (ELABORATE ON YOUR CV) | | | | | | | | | | | | | | |
| School: Highest grade passed | | | Name of school | | | | | | | | | | | |
| Year | | | | | Highest tertiary qualification | | College | <input type="checkbox"/> | Technicon | <input type="checkbox"/> | University | <input type="checkbox"/> | | |
| Name of institution | | | Name of qualification | | | | NQF Level | | Year aquired | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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"/> | | | | | | |
| Average <input type="checkbox"/> | | Average <input type="checkbox"/> | | Average <input type="checkbox"/> | | Average <input type="checkbox"/> | | Average <input type="checkbox"/> | | | | | | |
| Bad <input type="checkbox"/> | | Bad <input type="checkbox"/> | | Bad <input type="checkbox"/> | | Bad <input type="checkbox"/> | | Bad <input type="checkbox"/> | | | | | | |
| None <input type="checkbox"/> | | None <input type="checkbox"/> | | None <input type="checkbox"/> | | None <input type="checkbox"/> | | None <input type="checkbox"/> | | | | | | |
| REFERENCES (ELABORATE ON YOUR CV) | | | | | | | | | | | | | | |
| <i>Please list three professional work references. (Family members and friends are not deemed to be references)</i> | | | | | | | | | | | | | | |
| Full names | | | | Relationship | | | | | | | | | | |
| Company | | | | Telephone number (Office hours) | | | | | | | | | | |
| Email Address | | | | Mobile number | | | | | | | | | | |
| Full names | | | | Relationship | | | | | | | | | | |
| Company | | | | Telephone number (Office hours) | | | | | | | | | | |
| Email Address | | | | Mobile number | | | | | | | | | | |

| | | | |
|---------------|--|---------------------------------|--|
| Full names | | Relationship | |
| Company | | Telephone number (Office hours) | |
| Email Address | | Mobile number | |

WORK EXPERIENCE (ELABORATE ON YOUR CV)

| | | | |
|------------------|--|---------------------------------|------------|
| Employer | | | |
| Address | | Telephone number (Office hours) | |
| Job title | | Starting salary | End salary |
| Responsibilities | | | |

| | | | | | |
|-----------------------|--|---------------------|--|------------------------|--|
| From (Month and year) | | To (Month and year) | | Reason for termination | |
|-----------------------|--|---------------------|--|------------------------|--|

| | | | |
|------------------|--|---------------------------------|------------|
| Employer | | | |
| Address | | Telephone number (Office hours) | |
| Job title | | Starting salary | End salary |
| Responsibilities | | | |

| | | | | | |
|-----------------------|--|---------------------|--|------------------------|--|
| From (Month and year) | | To (Month and year) | | Reason for termination | |
|-----------------------|--|---------------------|--|------------------------|--|

| | | | |
|------------------|--|---------------------------------|------------|
| Employer | | | |
| Address | | Telephone number (Office hours) | |
| Job title | | Starting salary | End salary |
| Responsibilities | | | |

| | | | | | |
|-----------------------|--|---------------------|--|------------------------|--|
| From (Month and year) | | To (Month and year) | | Reason for termination | |
|-----------------------|--|---------------------|--|------------------------|--|

DISCIPLINARY RECORD

| | | |
|---|------------------------------|-----------------------------|
| Have you ever been dismissed for misconduct during the past ten (10) years? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, name of Municipality / Employer | | |
| Type of Misconduct / Transgression | | |
| Date of resignation / disciplinary case finalised / dismissal | | |
| Award / sanction | | |

| | | |
|--|------------------------------|-----------------------------|
| Have you been accused of an alleged misconduct and resigned from your job pending finalisation 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 during the past ten (10) years? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, type of criminal act | | |
| Date criminal case finalised | | |
| Outcome / judgement | | |

SIGNATURE AND DECLARATION

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 the service contract. I also agree that the Municipality may verify any information supplied in this application, contact my references, and conduct social media profile scans.

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|