The Msunduzi Municipality
Private Bag 321
PIETERMARITZBURG
3201
Telephone: 033 3923 000
www.msunduzi.gov.za

WARD	

APPLICATION FOR INCLUSION ON DATABASE FOR GENERAL ASSISTANTS

NOTES TO APPLICANT
• **Thank-you for your interest in seeking inclusion on our database**
• **Complete the form in your own handwriting in block letters and in black ink**
• **Mark appropriate answers with an "x" where applicable**
• **For the purpose of the Employment Equity Act (1998) all statistical details should be completed**

PERSONAL DETAILS

Surname: | **First Names:**

Postal Address:

Code:

Residential Address:

Code:

Primary Contact number | **Alternate number:**

Date of Birth: | **Citizenship:**

ID Number:

Gender: | **Race:** | **Disabled:** **Yes** **No**

If disabled, furnish particulars

Driver's license: **Yes** **No** **Code:**

Language proficiency. In the schedule below, indicate proficiency as "Good", "Fair", "Poor" or "None"

Language:	Read	Write	Speak
English:			
Zulu:			
Other:			

EDUCATIONAL LEVEL ACHIEVED		
School Education	**Highest grade:**	
	Name of School:	
	Town/ City:	

WORK EXPERIENCE *(Start with Latest)*	
EXPERIENCE	**PERIOD**

Have you ever been:

Convicted of a criminal offence?　　Yes ☐　　No ☐

Is a criminal case pending against you?　　Yes ☐　　No ☐

Dismissed from employment?　　Yes ☐　　No ☐

Do you own a business?　　Yes ☐　　No ☐

Does your company do business with the municipality currently?　　Yes ☐　　No ☐

Was this form completed by yourself:　　Yes ☐　　No ☐

DECLARATION
I declare that the above particulars are to the best of my knowledge true and correct and I understand and accept that if I am appointed, my appointment will be subject to the provisions of the Conditions of Service and the policies of the Council and any other applicable legislation. I further understand and agree that any false or material misrepresentation in my application will disqualify me from consideration for appointment, or where so appointed, will result in disciplinary steps which could lead to my dismissal. I also understand that in addition to such disciplinary steps, the Municipality reserves the right to take other legal steps against me including the institution of criminal and civil proceedings.
---------------------------------------　　　--   **Signature of Applicant**　　　　**Date:**

Please note that your application will <u>not</u> be considered if all the information is not inserted in the areas provided

FOR OFFICAL USE ONLY

Area Based Management Zone:
ABM Manager:

Entered on Database by whom:	
Date entered on database:	