

The Msunduzi Municipality

Private Bag 321
PIETERMARITZBURG

3201

Telephone: 033 3923 000 personnel@msunduzi.gov.za www.msunduzi.gov.za

APPLICATION FOR EMPLOYMENT

NOTE	ES TO APPLICANT				
 Thank-you for your interest in seeking employment with us 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 Please attach certified copies of the following documents together with this application form and indicate which items you have included by placing an "x" in the space provided 					
ID Book/ Passport	ort Drivers license				
Grade 12 Exam Certificate	Certificate Certificate of service				
Testimonials/References	eferences Other				
Degree, Diploma or other educational certif	ificates Total number of Pages attached:				
POST DETAILS					
Position Applied for:					
Business Unit:					
Date of Advert:					
Vacancy Number:					
PER	RSONAL DETAILS				
Name of Candidate:					
Postal Address:					
	Code:				
Residential Address:					
	Code:				
Telephone: (h)	(w) (c)				
E-mail Address:					
Date of Birth:	Citizenship:				
	ort Number:				
Gender: Race:	Disabled: Yes No No				
If yes, furnish particulars					
Drivers license: Yes No P	Period:				
Code: Vehicle Restrictions:	PDP: Yes No				
PDP Code (G,P,D): Expiry	/ Date:				
Language proficiency. In the schedule below, indicate proficiency as "Good", "Fair", "Poor" or "None"					
Language: Read	Write Speak				
English:					
Zulus					

Other:					
	Е	DUCATION A	ND QUALIFICATI	ONS	
	Highes	st Grade:			
	Name o	of School:			
School Education	Town/	City:			
Control Education	Subjects 3. 4. 5. 6.			Period Period	d From:
	Name (of Institution:			
	Qualifi	cation:			
1.Tertiary Education (University/Technikon/ College)	Subjects 3. 4. 5.			Period Period	d From:
	6.				
2.Tertiary Education (University/Technikon/ College)	Qualifi 1.			Period	d From:
	Subjects 2. 3. 6. 6.			Period	d To:
	Name (of Institution:			
	Qualifi	cation:			
3. Tertiary Education (University/Technikon/ College)	Subjects 7: 2. 3. 4. 5.	1.		Period	d From:
ສຸດ 5. 6.				Period	d To:
4. Other					
TRAINING This includes government training schemes, apprenticeships, short courses					
Course Title			anisation	From	
MEMBERSHIP OF PROFESSIONAL INSTITUTES Please indicate whether membership is by examination or qualification					
Institute		Level of	f Membership	From	п То

EXPERIE	NCE (Start with Latest)	
1. Company Name:		
Position:	Date from:	Date to:
Responsibilities:		
References:	Contact Details:	
Basic Salary:	(Monthly)	
Reasons for leaving:	Other Benefits:	
2. Company Name:		
Position:	Date from:	Date to:
Responsibilities:		
References:	Contact Details:	
Basic Salary:	(Monthly)	
Reasons for leaving:	Other Benefits:	
3. Company Name:		
Position:	Date from:	Date to:
Responsibilities:		
References:	Contact Details:	
Basic Salary:	(Monthly)	
Reasons for leaving:	Other Benefits:	

INDICATE WHY YOU QUALIFY FOR THE POST IN RELATION TO THE KPA'S DETAILED IN THE ADVERT?

Please mention any specific skills or experience that meets the requirements of the job description and person specification. These skills may have been gained in relation to your current or previous employment, education, training, domestic activities, voluntary work or leisure interests (Use separate sheet if necessary)

	OFNED AL		
	GENERAL	—	
Are actively involved in a leadership position with	nin a political party?	Yes	No
Are any of your relatives or acquaintances emplo	yed by the Council or a Councilor?	Yes	No
If "Yes", state Name, Department & Relationship:			
When can you assume duty?			
Do you have contractual obligation towards your	present employer? If so, furnish particulars:		
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
Have you ever terminated your employmen	nt after receiving a notice of misconduct? eve, state particulars on a separate sheet	Yes	No
	siness interests? If Yes, please list these	V	N-
Do you have any bu	onicoo interesta. Il 100, piodos not anoco	Yes	No
State particulars concerning your health and abili	ity to perform the specific work which you thin	nk Council sh	ould be
aware of.			
FO	OR INFORMATION		
 Any person canvassing with a view to being ap for appointment and will be disqualified. 	opointed to a post in the council's service sha	ill not be con	sidered

DECLARATION
I declare that the above particulars are to the best of my knowledge true and correct and I understand and accept th 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 materi misrepresentation in my application will disqualify me from consideration for appointment, or where so appointe 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 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; and if this last page is not signed.
Was this form completed by yourself: Yes No