



The Msunduzi Municipality

Private Bag 321
PIETERMARITZBURG
3201

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

APPLICATION FOR EMPLOYMENT

NOTES 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	☐ Drivers license
☐ Grade 12 Exam Certificate	☐ Certificate of service
☐ Testimonials/References	☐ Other
☐ Degree, Diploma or other educational certificates	Total number of Pages attached:

POST DETAILS

Position Applied for:

Business Unit:

Date of Advert:

Vacancy Number:

PERSONAL DETAILS

Name of Candidate:

Postal Address:

Code:

Residential Address:

Code:

Telephone: (h) (w) (c)

E-mail Address:

Date of Birth: Citizenship:

ID Number: Passport Number:

Gender: Race: Disabled: Yes ☐ No ☐

If yes, furnish particulars

Drivers license: Yes ☐ No ☐ 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:			
Zulu:			

Other:			
--------	--	--	--

EDUCATION AND QUALIFICATIONS			
------------------------------	--	--	--

School Education	Highest Grade:			
	Name of School:			
	Town/ City:			
	Subjects	1.	Period From:	
		2.	Period To:	

1.Tertiary Education (University/Technikon/ College)	Name of Institution:			
	Qualification:			
	Subjects	1.	Period From:	
		2.	Period To:	
		3.		
4.				

2.Tertiary Education (University/Technikon/ College)	Name of Institution:			
	Qualification:			
	Subjects	1.	Period From:	
		2.	Period To:	
		3.		
4.				

3. Tertiary Education (University/Technikon/ College)	Name of Institution:			
	Qualification:			
	Subjects	1.	Period From:	
		2.	Period To:	
		3.		
4.				

4. Other			
-----------------	--	--	--

TRAINING			
<i>This includes government training schemes, apprenticeships, short courses</i>			

Course Title	Organisation	From	To

MEMBERSHIP OF PROFESSIONAL INSTITUTES			
<i>Please indicate whether membership is by examination or qualification</i>			

Institute	Level of Membership	From	To

EXPERIENCE <i>(Start with Latest)</i>			

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)

GENERAL	
---------	--

[illegible][illegible]

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 NOT 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

☐