

# APPLICATION FORM FOR EMPLOYMENT (KDM01)

ADDRESS TO: THE MUNICIPAL MANAGER  
FOR ATTENTION: HUMAN RESOURCE UNIT (Post Title)  
P. O. BOX 72  
KWADUKUZA  
4450



**Please note:**

- ☐ A separate application form should be completed for each post you apply for
- ☐ Incomplete or incorrect information could disqualify an applicant
- ☐ Canvassing for appointment will disqualify an applicant
- ☐ NO ORIGINAL certificates or CV's should be attached to this form, but certified copies of qualifications, Identity address must be attached.
- ☐ The Hand delivered applications must handed to the HR office: first White House Centre, Chief Albert Luthuli Street, KwaDukuza
- ☐ Should you not be contacted within 3 months after the closing date you should regard this application as unsuccessful.
- ☐ Council reserved the right not to appoint.
- ☐ Only applications for advertised vacancies with reference numbers will be accepted.

**Advertised position:** ..... **Ref. No. :** .....

**Salary scale advertised R..... /R..... /R.....**

**Are you prepared to accept appointment on minimum notch of scale (yes) (no)**

**If no, indicate notch required: R..... Earliest date on which duty can be assumed: .....**

**INTERNAL EMPLOYEES Pay number:** ..... **Current position:** .....

**Employment status (Indicate with an X)**    Permanent    ☐ Temporary    ☐ Contract    ☐

## A. PERSONAL PARTICULARS

<b>Surname:</b>	<b>ID no:</b>														
<b>First Names:</b>	<b>Known as</b>														
<b>Marital Status:</b>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widow <input type="checkbox"/>	Single <input type="checkbox"/>											
<b>Postal Address:</b> .....															
<b>Postal code:</b> .....															
<b>Residential Address:</b> .....															
<b>Postal code:</b> .....															
<b>Telephone numbers: Home:</b> ..... <b>Work:</b> ..... <b>Cell:</b> .....															
<b>Kindly furnish the name of an alternate contact person in the event of you not being available at the above telephone number:</b>															
<b>Name:</b> ..... <b>Telephone no.:</b> .....															
<b>Are you a South African citizen? Please indicate with X</b> YES <input type="checkbox"/> NO <input type="checkbox"/>															

**B. EMPLOYMENT EQUITY MONITORING INFORMATION**

Race: Please Indicate X	African		Coloured		Indian		White	
Gender : Please Indicate X			Male				Female	
<b>Health and Disability:</b> Please provide details of any physical disabilities and/or any other: ..... .....								

**C. SECONDARY & TERTIARY QUALIFICATIONS**

Name of School			
Highest STD/Grade Passed		Date Obtained	

Name of Tertiary Institution(s)	Qualification Obtained	Date Obtained

IF YOU ARE STUDYING AT PRESENT, GIVE FULL DETAILS:

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Other qualifications obtained: \_\_\_\_\_

Are you a member of a professional association? (Please indicate with an X) Yes ☐ ; No ☐ Please provide details:

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Additional courses/Certificates attended:

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**State clearly any relevant knowledge and skills obtained that can be linked to the requirements as advertised.**

Knowledge of:

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Skilled in: (e.g. computers, supervision)

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**D. GENERAL**

Language Proficiency (Please indicate with an X)	English			IsiZulu			Other		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
Write									
Read									
Speak									
Understand only									

Are you in possession of a driver's licence? Yes ☐ ; No ☐ Date issued: \_\_\_\_\_. Type: \_\_\_\_\_

If endorsed, specify: \_\_\_\_\_

Are you in possession of a PrDP licence? Yes ☐ / No ☐ Date issued : \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Have you ever been convicted of a criminal offence, which may impact on the post you are applying for? Yes ☐ No : ☐

**E. WORKING EXPERIENCE / EMPLOYMENT RECORD**

**Are you presently employed** (Please indicate with an X) Yes ☐ No ☐

Current/Last Employment	Position Held	Nature of Duties	Period of Service
Name: _____	_____	_____	From: _____
Address: _____	_____	_____	To: _____
_____	_____	_____	Reason for leaving: _____
Tel. No.: _____	_____	_____	_____
	_____	_____	_____

Previous Employer	Position Held	Nature of Duties	Period of Service
Name: _____	_____	_____	From: _____
Address: _____	_____	_____	To: _____
_____	_____	_____	Reason for leaving: _____
Tel. No.: _____	_____	_____	_____
	_____	_____	_____

Previous Employer	Position Held	Nature of Duties	Period of Service
Name: _____	_____	_____	From: _____
Address: _____	_____	_____	To: _____
_____	_____	_____	Reason for leaving: _____
Tel. No.: _____	_____	_____	_____
	_____	_____	_____

**F. REFERENCES**

Name : Initials & Surname	Position	Institution	Contact numbers
1.			
2.			
3.			

**G. DECLARATION**

I hereby certify that the above-mentioned information is to the best of my knowledge true and correct. I accept that, in the event of my application being successful, any information to the contrary will lead to immediate dismissal. I have acquainted myself with the content of the main duties stated in the advertisement of the post and declare that I am fit to fulfill the duties. I hereby give permission to the KwaDukuza Municipality to contact any person at my current or previous employer(s) and/or relevant institution to obtain a detailed reference regarding my general conduct, work performance-history, behavior etc. With the exception of the following, who must not be contacted:

Reason: \_\_\_\_\_

I also give consent that this information together with any relevant information like findings by a medical practitioner, criminal record and any other relevant information be made available to KwaDukuza Municipality.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NB:** Please initial each page in the right hand bottom corner and sign next to each correction made by you on this form.

## FOR OFFICE USE

Mr. / Mrs. / Miss: \_\_\_\_\_,

ID No.: \_\_\_\_\_, is hereby appointed to the  
position of \_\_\_\_\_ on a R \_\_\_\_\_

(Salary Notch) per annum of salary scale \_\_\_\_\_ with effect from

\_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
Head of Department

\_\_\_\_\_  
Municipal Manager

## A RECEIPT FOR HAND DELIVERED APPLICATION FORM

Name of the Applicant: \_\_\_\_\_

ID. Number: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Directorate ( Where there is post): \_\_\_\_\_

Name of the receiving official : \_\_\_\_\_

Signature of the receiving Official: \_\_\_\_\_

Date: \_\_\_\_\_

