MATJHABENG MUNICIPALITY
P.O. BOX 708
WELKOM
9460

ATTACHE COMPLETE CV WITH CERTIFIED COPIES QUALIFICATION, CERTTICATES OR OTHER RELEVANT DOCUMENTS

APPLICATION FOR EMPLOYMENT AS ..... DIRECTORATE .....

1. COMPLETE FORM IN OWN HANDWRITING 2. A COMPLETE CV MUST BE ATTACHED TO THIS FORM AS A SEPARATE DOCUMENT 3. CERTIFIED COPIES OF QUALIFICATIONS OR OTHER RELEVANT DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION	DR MR MS SURNAME.....… Full Names: ..... RSA IDENTITY NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐ LANGUAGE OF CHOICE: .....
TEL. (HOME) ……..... (WORK) ..... ……. ANY OTHER TEL NO FOR LEAVING A MESSAGE .....……	PERMANENT POSTAL ADDRESS …… …… …… CODE ……..

INDICATE ON CV PREVIOUS EMPLOYERS, EXACT PERIODS OF EMPLOYMENT, POSITIONS HELD AND REASONS FOR TERMINATION OF EMPLOYMENT. SERVICE CERTIFICATES, IF AVAILABLE, MUST BE ATTACHED.

HIGHEST SCHOOL STANDARD/GRADE PASSED	YEAR	NAME OF SCHOOL	PLACE
.....	.....	.....……	….....……..

SUBJECTS PASSED (CERTIFIED COPY TO BE ATTACHED)

1. ..... 3. ..... 5. .....…….

2. ..... 4. ..... 6. .....……..

POST SCHOOL EDUCATION (CERTIFIED COPIES TO BE ATTACHED)

NAME & PLACE OF INSTITUTION	PERIOD ATTENDED		QUALIFICATIONS OBTAINED
	FROM	TO	
1.			
2.			
3.			
4.			

CURRENT EMPLOYER	POSITION	CURRENT SALARY PER ANNUM
.....	.....	…….....…….……

PERMANENT DRIVER'S LICENCE (ATTACH CERTIFIED COPIES)	LIGHT VEHICLE CODE 05 TRACTOR (B)	LIGHT VEHICLE CODE 08 (B) OR (EB)	HEAVY VEHICLE CODE 10 (B)	EXTRA HEA VEH CODE 14 (EC)	
DATE ISSUED					

NAME TWO PERSONS IN A SUPERVISORY POSITION AT YOUR PREVIOUS EMPLOYER TO WHOM CONFIDENTIAL REFERENCE CAN BE DONE CONCERNING YOUR APPLICATION:

NAME	ADDRESS & WORK TEL NO	OCCUPATION
1.		
2.		

HOW DID THE POSITION COME TO YOUR ATTENTION? IF IN THE PRESS, STATE WHICH NEWSPAPER ……..……..

I DECLARE THAT THE ABOVE PARTICULARS AND THE CONTENTS OF MY ATTACHED CV ARE, TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT AND UNDERSTAND AND ACCEPT THAT IF I AM APPOINTED, MY APPOINTMENT WILL BE SUBJECT TO THE PROVISIONS OFTHE CONDITIONS OF SERVICE AND POLICY OF COUNCIL AND ANY APPLICABLE LEGISLATION.

200 /…../..... SIGNATURE OF APPLICANT ..... IF EMPLOYED BY MATJHABENG MUNICIPALITY STATE PAY NO.....