

## Local Municipality / Plaaslike Munisipaliteit

## APPLICATION FOR EMPLOYMENT

A. THE ADVER	TISED POST						
Advertised Position Ye	ou Are Applyin	State Reference	State Reference Number:				
B. PERSONAL	INFORMATIO	ON					
Surname							
First Names							
Date Of Birth							
ID Number							
Nationality							
<b>Drivers License</b>	Code 8	Code 10	Code14	PDP			
Marital Status	Married	Single	Divorced	Widowed			
Race	African	White	Coloured	Indian			
Gender	Female		Male	Male			
Do you have a	YES		NO				
Disability Disability			110				
<b>Criminal Offence</b>	YES		NO	NO			
C. HOW DO WI	E CONTACT Y	OU					
Preferred Language Of Correspondence							
Contact Number							
Method Of Correspondence	Post	E	mail	Fax			

Correspondence											
details in terms of t	he										
above											
D. LANGUAGE							l				
PROFICIENCY -											
State Good, Fair O	r										
Poor											
Languages											
Speak											
Read											
Write											
E. QUALIFICATIONS											
Name of High Scho	ol	Highes	t Qualif	ication			Year	obtained			
8											
Tertiary Education		plete for	each q								
Name of institution				Name of qualification				Year Obtained			
F. WORK EXPER	IENCI	<u> </u>									
F. WORK EAPER	IENCI	L.									
Employer	Posit	ion held		From		То		Reason for leaving			
				m	у	m	y	Teuving			
				<del></del>	3		J				
G. REFERENCES											
Name Position								Contact no			
						-					
Declaration											
I declare that all the information I provided, including attachments is complete and correct to the best of my knowledge. I understand that any false or untrue information supplied can lead to my											
							ppneu can	icau to my			
application being disqualified or me discl Signature:											
Signature: Date:											

Application can be sent to:
Lesedi Local Municipality
P.O Box 201; Heidelberg or No 1 H F Verwoed Street
Heidelberg
1438