



MODIMOLLE-MOOKGOPHONG LOCAL MUNICIPALITY

E-mail: records@modimolle.gov.za
 Website: www.mmlm.gov.za

O R Tambo Square, Harry Gwala Street, MODIMOLLE
 X 1008, MODIMOLLE, 0510
 014 718 2000
 014 717 4077

Cnr Mandela & Sixth Street, MOOKGOPONG, 0560
 X234, MOOKGOPONG, 0560
 (014) 743-6600
 (014) 743-2434

Application for employment

Please attached an updated CV with Certified copies of qualifications

A. THE ADVERTISED POST

Position for which you are applying? (as advertised)	Department where the position is advertised?
Reference number? (as stated in the advertisement)	Starting date

B. PERSONAL INFORMATION

Surname							
First names							
Date of birth							
Identity number							
Race	<i>African</i>		<i>White</i>		<i>Coloured</i>		<i>Indian</i>
Gender	<i>Female</i>		<i>Male</i>		<i>Do you have a disability?</i>	YES	NO
If yes, state briefly the state of disability <small>(This information is required to assist the Municipality to comply with the Employment Equity Act of 1998)</small>						
Are you a South African citizen			Yes		<i>If "No", what is your nationality?</i>		
Have you been convicted of a criminal offence or been dismissed from employment?			Yes		No		
If your profession or occupation requires State of Official Registration, provide date and particulars of registration.							
Are you in possession of a valid drivers licence? If "Yes" - what code?							
Are any of your relatives or acquaintances employed by the municipality? If yes, state name, department and relationship.							

C. HOW DO WE CONTACT YOU?

Preferred language for correspondence?							
Telephone number during office hours?							
Preferred method for correspondence			<i>Post</i>		<i>E-mail</i>		<i>Fax</i>
Residential Address							

CONFIDENTIAL WHEN COMPLETE

Postal Address:	Same as Residential	
E-mail address		

D. LANGUAGE PROFICIENCY? (State "good", "fair" or "poor")						
Language						
Speak						
Read						
Write						

E. QUALIFICATIONS		
SECONDARY EDUCATION:		
Name of School/Technical College?	Highest qualification obtained?	Year obtained?
TERTIARY EDUCATION (Complete for each qualification you obtained)		
Name of institution?	Name of qualification?	Year obtained?

F. WORK EXPERIENCE									
Employer (including current employer)	Post held	From		To		Reason for leaving			
		MM	YY	MM	YY				
If you were previously employed by the Local Authority, indicate whether any condition exists that prevent your re-appointment.						Yes		No	
If yes, provide the name of the previous employing department.									

G. REFERENCES		
Name	Relationship to you	Tel. No (Office hours)

H. DECLARATION	
I declare that all the information provided (including attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.	
SIGNATURE:	DATE:

NOTE: Please do not attach original certificates, only certified copies.