

# HESSEQUA MUNICIPALITY

## APPLICATION FOR EMPLOYMENT



- The purpose of this form is to assist a municipality in selecting suitable candidates for an advertised post.
- This form must be completed in full, accurately and legibly. All substantial information relevant to a candidate must be provided in this form. Any additional information may be provided on the CV.
- Candidates shortlisted for interviews may be requested to furnish additional information that will assist municipalities to expedite recruitment and selection processes.
- All information received shall be treated with strict confidentiality and shall not be used for any other purpose than to assess the suitability of the applicant.

APPLICANT INFORMATION														
Last name				First Names										
Physical address							Code							
Phone number during business hours				Email										
Mobile number				Preferred language for communication										
Notice period			ID or Passport number											
Position being applied for							Reference							
Are you a South African citizen?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If not, what is your nationality?										
Do you have a valid working permit?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have a drivers license		<input type="checkbox"/> YES <input type="checkbox"/> NO		Code						
Do you own/are you a shareholder/are you a co-owner in a company that does business with the Municipality?									<input type="checkbox"/> YES <input type="checkbox"/> NO					
Does your husband/wife/children/parents own a company that conducts business with the Municipality?									<input type="checkbox"/> YES <input type="checkbox"/> NO					
Do you hold a professional membership with any professional body?					<input type="checkbox"/> YES <input type="checkbox"/> NO		Membership number							
Name of professional body							Expiry date							
EMPLOYMENT EQUITY MONITORING INFO														
Race	Black	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White	<input type="checkbox"/>	Gender: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Do you have any disabilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, please provide details:														
QUALIFICATIONS (ELABORATE ON YOUR CV)														
School: Highest grade passed			Name of school											
Year					Highest tertiary qualification		College	<input type="checkbox"/>	Technicon	<input type="checkbox"/>	University	<input type="checkbox"/>		
Name of institution			Name of qualification				NQF Level		Year aquired					
COMPUTER LITERACY														
Microsoft Word		Microsoft Excel		Microsoft Power Point		Microsoft Outlook		Other						
Good <input type="checkbox"/>		Good <input type="checkbox"/>		Good <input type="checkbox"/>		Good <input type="checkbox"/>		Good <input type="checkbox"/>						
Average <input type="checkbox"/>		Average <input type="checkbox"/>		Average <input type="checkbox"/>		Average <input type="checkbox"/>		Average <input type="checkbox"/>						
Bad <input type="checkbox"/>		Bad <input type="checkbox"/>		Bad <input type="checkbox"/>		Bad <input type="checkbox"/>		Bad <input type="checkbox"/>						
None <input type="checkbox"/>		None <input type="checkbox"/>		None <input type="checkbox"/>		None <input type="checkbox"/>		None <input type="checkbox"/>						
REFERENCES (ELABORATE ON YOUR CV)														
<i>Please list three professional work references. (Family members and friends are not deemed to be references)</i>														
Full names				Relationship										
Company				Telephone number (Office hours)										
Email Address				Mobile number										
Full names				Relationship										
Company				Telephone number (Office hours)										
Email Address				Mobile number										

Full names		Relationship	
Company		Telephone number (Office hours)	
Email Address		Mobile number	

### WORK EXPERIENCE (ELABORATE ON YOUR CV)

Employer			
Address		Telephone number (Office hours)	
Job title		Starting salary	End salary
Responsibilities			

From (Month and year)		To (Month and year)		Reason for termination	
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Employer			
Address		Telephone number (Office hours)	
Job title		Starting salary	End salary
Responsibilities			

From (Month and year)		To (Month and year)		Reason for termination	
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Employer			
Address		Telephone number (Office hours)	
Job title		Starting salary	End salary
Responsibilities			

From (Month and year)		To (Month and year)		Reason for termination	
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### DISCIPLINARY RECORD

Have you ever been dismissed for misconduct during the past ten (10) years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, name of Municipality / Employer	
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Type of Misconduct / Transgression	
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Date of resignation / disciplinary case finalised / dismissal	
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Award / sanction	
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Have you been accused of an alleged misconduct and resigned from your job pending finalisation of the disciplinary proceedings	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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### CRIMINAL RECORD

Have you been convicted of any criminal offence in a court of law during the past ten (10) years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, type of criminal act	
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Date criminal case finalised	
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Outcome / judgement	
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### SIGNATURE AND DECLARATION

I certify that the information provided in this application form is true and correct. If this application leads to employment, I understand that false or misleading information supplied in this application may result in the immediate termination of the service contract. I also agree that the Municipality may verify any information supplied in this application, contact my references, and conduct social media profile scans.

Signature		Date	
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