

Municipality

042 230 7700

078 266 6230

srvm@srvm.gov.za @

@sundaysrivervalley f

www.srvm.gov.za

23 Middle Street, Kirkwood, 6120 P.O. Box 47, Kirkwood, 6120

APPLICATION FOR EMPLOYMENT

NOTE

- 1. All particulars in this application are treated as confidential.
- 2. Canvassing for appointment will disqualify an applicant.
- 3. Changing of conditions on this form will disqualify your application.
- 4. A successful candidate who willfully makes a false statement renders him/herself liable to dismissal.

A. GENERAL PARTICULARS OF CANDIDATE	
TITLE (Prof., Dr., Mr., Ms., Mrs.) INITIALS AND SURNAME:	
POSITION APPLIED FOR:	
1 05/11/6/17/11 1 2125 1 0/11 <u></u>	
HOW DID YOU BECOME AWARE OF THE POSITION (e.g., General Enquiry, SRVM Employee,	etc.):
	<u> </u>
IF ADVERTISED, NAME PUBLICATION:	-
SALARY REQUESTED:	-
WHEN CAN YOU ASSUME DUTY?	



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B. PERSONAL DETAILS (PRINT)		
Surname	Maiden name	
First Names		
Date of Birth //	Gender: Male/ Female Marital Status	<u>:</u>
Number of dependents	Their ages	
Nationality	Town of birth	
S.A. Identity no	Tel: home:work:	
Home address		<u> </u>
Postal address and code		
Employer of husband/wife		_
His /Her capacity	Tel. No. Work	
Why are you applying for this? position		
If you are selected for an interview, are	you prepared to undergo testing? YES/ NO (Mark applied)	cable)
State any physical and or mental defect	t or disease and or chronic disease	
Special interests including Sport and Ho	obbies	



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*		or being dismissed from employr particulars on a separate sheet.	ment or ever been declared
Do you have a driver's license?	YES / NO		
If you are in a possession of a v	ehicle, are you prepa	ared to use it for official purposes	at remuneration? YES/ NO
State no:			
Code/s:			
C. QUALIFICATIONS (Pleas	se attached certifie	d copies of all qualifications. No	o original documents please.)
	SCHOOL	UNIVERSITY/COLLEGE	OTHER
Name of Institution			
Qualifications and date			
obtained			
Subjects Passed			
Subject not yet completed			
		as completed	

	PERIOD		
FROM		то	
YEAR	MONTH	YEAR	MONTH



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D. LANGUAGE PROFIENCY (Indicate proficiency as Good, Average or Below average)

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LANGUAGE	SPEAK		READ				WRITE
AFRIKAANS							
ENGLISH							
OTHER (Name the language)							
	1		1				
•	cate in sequence all per , military services, full		_	e last 1	.0year	s ever	n periods of
·	, military services, full		dy, etc.)	TO	.0year		n periods of SON FOR LEAVING
unemployment	, military services, full	time stu	dy, etc.)	T	Oyear		
unemployment	, military services, full	time stu	dy, etc.)	T	Oyear.		
unemployment	, military services, full	time stu	dy, etc.)	T	Oyear		

Do you engage directly or indirectly in any business profession, trade or calling or do you undertake any work for remuneration other than stated in this application form. **YES / NO** (Mark applicable block)

,

F. PRESENT EMPLO	DYER				
NAME	PERIOD	EMPLOYED			
NAMEPERIOD EMPLOYED G. FINANCIAL PARTICULARS					
Present Annual Salary (S	Salary only)	R			
Present Financial fringe	Benefits	R			
	R.				
	TOTAL R				
Present increment date	ePresent per	riod of notice			
State if contractually ob	oligated to your present or previous emp	oloyer (e.g., amount, committed period)			
H. DETAILS OF PREV	/IOUS APPLICATIONS TO THE SUNDAYS R	IVER VALLEY MUNICIPALITY			
Posts applied for and y	ear:				
Did you undergo a sele	ction test at the time				
I. PERSONAL REF	ERENCES (Name three present or form	er colleagues/heads/-but not relatives)			
NAME	Address and Telephone Number	Relationship (e.g., Colleague)			
1.					
2.					
3.					
J. SUMMARY OF	CAREER				



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NOTE: Give a summary of your career and state any pa societies to which you belong; special achievements i	articular abilities, experience, courses you have followed; n any field and any relevant duties			
K. DECLERATION BY APPLICANT				
I DECLARE THAT				
Valley Municipality the total sum of the costs i concerned or a pro rata share thereof, and any	f to be truly and lawfully indebted to the Sundays River ncurred by the said council to advertise the vacancy costs incurred to enable me to attend an interview with mmence duties after having been advised, and accepted			
 I confirm that the information herein supplied legally liable for the consequences of any inter 	by myself is correct and understand that I can be held ntional misrepresentation.			
SIGNATURE	DATE			
FOR OFFICIAL USE ONLY				
Appointed with effect from	Designation			
Salary Grade	Notch			
Head of Department	Date			