



**Human Resources Department
P.O. Box 3
VANDERBIJLPARK
1900**

This form must be completed in your own handwriting and returned to the above-mentioned address

APPLICATION FOR EMPLOYMENT

A. PERSONAL	
POSITION APPLIED FOR	SALARY REQUIRED
DEPARTMENT	WHEN CAN YOU ASSUME DUTY?
SURNAME	ID
FULL NAMES	POSTAL ADDRESS
KNOWN AS (NICK NAME)	CODE CELL
RESIDENTIAL ADDRESS	TELEPHONE NUMBER OF FRIEND AND/OR NEIGHBOUR (IMPORTANT) (INTERNAL ONLY) BUSINESS TELEPHONE NUMBER
HOME TELEPHONE NUMBER	EXT COUNCIL EMPLOYEE NUMBER
PLACE AN X IN THE APPROPRIATE BLOCKS	
MALE	FEMALE
MARRIED	SINGLE
DIVORCED	WIDOW/WIDOWER
WHAT DRIVER'S LICENCE DO YOU HOLD? CODE	HAS YOUR DRIVERS LICENCE BEEN ENDORSED OR CANCELLED?
HAVE YOU ANY CRIMINAL CONVICTIONS?	NAME OF RELATIVES IN THE SERVICE OF THIS COUNCIL
DETAILS OF ANY PHYSICAL OR MENTAL DISABILITIES	

B. EDUCATION		
NAME OF INSTITUTION	QUALIFICATIONS /HIGHEST STANDARD PASSED	YEAR
1. SCHOOL
2. UNIVERSITY
3. OTHER

C. WORK EXPERIENCE				
EMPLOYER	POSITION HELD	DUTIES	PERIOD FROM TO	REASONS FOR TERMINATION OF SERVICE
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D. REFERENCES			
NAME	CAPACITY	WORK ADDRESS	TELEPHONE NUMBER
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ALL INFORMATION SUPPLIED ABOVE IS TRUE AND CORRECT. INTENTIONAL FURNISHING OF FALSE INFORMATION MAY LEAD TO SUMMARY DISMISAL.

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DATE

.....
SIGNATURE