



## ADMINISTRATION/MONITORING AND EVALUATION (HUMAN RESOURCES)

P.O. BOX 21  
33 DA GAMA ROAD, JEFFREYS BAY, 6330

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POSITION APPLIED FOR : \_\_\_\_\_

NEWSPAPER IN WHICH ADVERT WAS SEEN : \_\_\_\_\_

### 1. DIRECTIONS

- a. This form must be completed in your own handwriting. Any false statements made will render a successful candidate liable for instant dismissal.
- b. Any person canvassing with a view to being appointed to a post in the Council's service shall not be considered for an appointment.
- c. Certified copies of all qualifications (certificates, diplomas or degrees) must accompany all application forms in order to be considered.
- d. Please attach copies of testimonials and/or covering letter for further details.

### 2. PERSONAL PARTICULARS

Title : \_\_\_\_\_ Surname : \_\_\_\_\_

Full names : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Telephone (Home) : \_\_\_\_\_ (Work) : \_\_\_\_\_

Other means of contact if no telephone : \_\_\_\_\_

No. of dependants : \_\_\_\_\_ Ages : \_\_\_\_\_

Are you a SA citizen? : \_\_\_\_\_ Identity No. : \_\_\_\_\_

Are you at present studying further ?

YES		NO	
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Course : \_\_\_\_\_

Subjects completed : \_\_\_\_\_

### FOR AFFIRMATIVE ACTION AND EQUITY PURPOSES :

Race Group : \_\_\_\_\_

Any physical disabilities?

YES		NO	
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If yes, specify : \_\_\_\_\_

**3. QUALIFICATIONS**

a. School education

Highest standard passed : \_\_\_\_\_ Date (year) : \_\_\_\_\_  
 Name of school/s : \_\_\_\_\_  
 Subjects passed : \_\_\_\_\_

b. University and/or Post Matric Training

Name of Institution	From	To	Subjects passed
Degree and/or Diploma attained : _____			

c. Apprenticeship

Trade \_\_\_\_\_ : \_\_\_\_\_  
 \_\_\_\_\_ Period of Apprenticeship :  
 From : \_\_\_\_\_ To \_\_\_\_\_ : \_\_\_\_\_  
 At which firm did you complete your apprenticeship: \_\_\_\_\_

d. Other qualifications

Shorthand/Speedwriting: \_\_\_\_\_ w.p.m. Typing : \_\_\_\_\_ w. p. m  
 Dictaphone 

YES		NO	
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 Other qualifications : \_\_\_\_\_  
 \_\_\_\_\_

Mention any special experience indicating suitability for the position you are applying for : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. LANGUAGE PROFICIENCY**

	SPEAK	READ	WRITE
ENGLISH			
AFRIKAANS			
XHOSA			
OTHER			

Answer "Yes" or "No"

### 5. EXPERIENCE

<b>PRESENT AND PREVIOUS POSITIONS HELD (Start with your present or latest)</b>					
Name and address of employer	Position held	Immediate Supervisor	Period of Service	Wage/Salary per annum	Reason for termination of service
1.			From :		
		Tel :	To :		
2.			From :		
		Tel :	To :		
3.			From :		
		Tel :	To :		
4.			From :		
		Tel :	To :		
5.			From :		
		Tel :	To :		
6.			From :		
		Tel :	To :		
7.			From :		
		Tel :			

**6. GENERAL**

What is your present occupation? \_\_\_\_\_

Name of Company? \_\_\_\_\_ What is your present salary? \_\_\_\_\_

Why do you wish to leave your present employment? \_\_\_\_\_

Have you been convicted of a criminal offence or dismissed from any employment? \_\_\_\_\_

If so, furnish full particulars : \_\_\_\_\_

Have disciplinary action been instituted against you at your current or previous workplace?  
\_\_\_\_\_

If so, furnish full particulars: \_\_\_\_\_

Have you any physical or mental defects that would prevent you from performing the functions attached to this position? \_\_\_\_\_

Do you have a driver's licence? 

YES		NO	
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If yes, indicate whether light, medium or heavy duty? \_\_\_\_\_

Code: \_\_\_\_\_ Issued at: \_\_\_\_\_ Date: \_\_\_\_\_

If appointed, when can you commence duty? \_\_\_\_\_

Give names, addresses and telephone numbers of two persons to whom reference can be Made other than relations or employees:

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you read/been advised, and understand and accept the conditions related to the appointment to the post for which you have applied? \_\_\_\_\_

I declare that the information given by me is true and correct. I further authorise the Kouga Municipal Council, or its representatives, to verify the information and qualifications stated on this form, as well as my credit status, should such information be required.

_____ DATE	_____ SIGNATURE				
<b>FOR OFFICE USE ONLY</b>					
UNSUCCESSFUL	APPOINTMENT	PROMOTION	TRANSFER	TEMPORARY	PERMANENT
WITH EFFECT FROM _____ POST LEVEL _____ NOTCH _____					
SPECIAL CONDITIONS RELATING TO THIS APPOINTMENT _____					
APPROVED _____			_____		
DIRECTOR SED/HR			HEAD OF DEPARTMENT		