

All correspondence must be directed to the office of the Municipal Manager.

454 Streatfield Street, Dutywa Eastern Cape Province Tel: 047 489 5800

Email: info@mbhashemun.gov.za

www.mbhashemun.gov.za

APPLICATION FORM FOR EMPLOYMENT

- 1. The purpose of this form is to assist a municipality in selecting suitable candidates for an advertised post.
- 2. 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.

	-			-		nation may be pro furnish additional	vided on the CV. information that will assist			
					ion processes					
4. All informat	ation received shall be treated with strict confidentiality and shall not be used for any other									
purpose tha	an to assess the suitability of the applicant.									
5. This form is	is designed to assist municipality with the recruitment, selection and appointment of staff									
members in	terms of	the Mur	nicipal System	ns Act, 2	2000 (Act No.	32 of 2000)				
DETAILS OF THE ADVE	RTISED PC	OST (as re	eflected in the	e adver	rt)					
Advertised post										
applying for										
Reference number										
Name of the										
Municipality										
Notice service										
period										
PERSONAL DETAILS										
Surname										
First Names										
ID or Passport										
Number					T					
Gender	Male				Female					
Race	African	1	White		Coloured		Indian			
Do you have a	Yes	No	If yes, elabo	orate						
disability?										
Are you a South	Yes	No	If not, what is your nationality?							
African Citizen?			Do you hav	10 G VG	lid work	rk Yes No				
			Permit?	76 a vai	iid WOIK	163	110			
Do you hold a	Yes	No		rofessio	nal hody	Membership	Expiry date			
professional	103	110	Name of professional body Membership Number Expiry date							
membership with						110111001				
any professional										
pody?										
		1								
CONTACT DETAILS										
Telephone number d	luring offi	ce	()							
Mobile phone number	er									
Postal address										
	1					Code:				
Email Address						l				
Preferred language of	of commi	unicatio	n							



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Highest educational q	qualification o	btained							
Name of the School				Highest Grade				Ye	ar Obtained
Highest tertiary qualific	cation obtain	ed							
Name of Institution		Name of a q	ualificatio	n	NQF level			Year Obtained	
WORK EXPERIENCE(ple	ease elaborat	e on your CV)							
Employer (starting	j Fi	From			To Reas			ason for leaving	
with the most recent)	Post held	Month			Year		·		aving
,									
DISCIPLINARY RECORD)								
DISCIPLINARY RECORD Have you been dismis misconduct during the	sed for	Yes				No			
Have you been dismis misconduct during the years?	sed for e past ten (10)				No)		
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REFERENCES (please elaborate on your CV)

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Name of Referee	Relationship	Tel (office hours)	Cell phone Number	Email				
	•							
DECLARATIO	DN							
I hereby de	clare that all the infor	mation provided in this	application and any attac	hments in support thereof is to				
the best of my knowledge true and correct. I understand that any misrepresentation or failure to disclose any								
information may lead to my disqualification or termination of my employment contract, if appointed.								
Signature:			Date:					