



MAKANA

MUNICIPALITY | MUNISIPALITEIT | UMASIPALA
EASTERN CAPE - SOUTH AFRICA ...a great place to be

MAKANA MUNICIPALITY

Confidential

APPLICATION FOR EMPLOYMENT

Page 1 of 2

Instruction: To be completed by in Applicant's own handwriting, Only certified copies of all qualifications (Certificates, Diploma or Degree) and a Comprehensive Curriculum Vitae must accompany this application form in order to be considered.

TO BE ADDRESSED TO The: Director Corporate Services PO Box 176 GRAHAMSTOWN, 6140 Tel: 046 6036111	POSITION APPLYING FOR:	DIRECTORATE	Where seen: (please tick)	
			Notice board	<input type="checkbox"/>
			Local paper	<input type="checkbox"/>
			National paper	<input type="checkbox"/>
			Website	<input type="checkbox"/>

PERSONAL INFORMATION				CONTACT INFORMATION			
Title Mr/Mrs/Miss	<input type="checkbox"/>	Surname	<input type="text"/>	Home Address		Postal address	
First Name							
Date of birth							
ID Number							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MARITAL STATUS				For Affirmative action purposes					
Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Age	<input type="text"/>	Race	Gender	Disability	Drivers License
						B	M	Yes	Yes
						W	F	No	No
Married	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Number of children	<input type="text"/>	C	Specify disability:		Code
						I			<input type="text"/>

Home Telephone number	<input type="text"/>	Work Telephone number	<input type="text"/>	Cell-phone number	<input type="text"/>
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Name of last school attended and address	<input type="text"/>	From (date)	<input type="text"/>	To (date)	<input type="text"/>	Standard completed & subjects passed	<input type="text"/>
Technical college	<input type="text"/>						
University	<input type="text"/>						

Have you ever been employed in a similar or relevant position for which you are applying? If Yes, provide details.	<input type="text"/>	Details of other training /courses/ apprenticeship/ qualifications	<input type="text"/>
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Present Annual salary	
Present Employer	
Reasons for leaving	

Either give names of two persons other than relatives (preferably previous employers to which references may be made or attach certified copies of not more than two recent testimonials)

Name:	Name:
Address:	Address:
Telephone number:	Telephone number:

I give permission that the referees mentioned above may be approached for information. I further certify that all information given by me is true and accurate. I realize that any misrepresentations made herein could render any contract of employment null and void.

SIGNATURE OF APPLICANT:Date.....