# **APPLICATION FORM FOR EMPLOYMENT (KDM 01)**

ADDRESS TO: THE MUNICIPAL MANAGER FOR ATTENTION: HUMAN RESOURCES SECTION (Post Tittle) P. O. BOX 72 KWADUKUZA 4450



#### Please note:

· A separate application form should be completed for each post you apply for

 $\cdot$  Incomplete or incorrect information could disqualify an applicant

 $\cdot$  Canvassing for appointment will disqualify an applicant

· NO ORIGINAL certificates or CV's should be attached to this form, but certified copies of qualifications, Identity Document and proof of residential address must be attached.

· The Hand delivered applications must handed to the HR office: first floor OK Mall Building, Chief Albert Luthuli Street, KwaDukuza

· Should you not be contacted within 3 months after the closing date you should regard this application as unsuccessful.

· Council reserves the right not to appoint.

 $\cdot$  Only applications for advertised vacancies with reference numbers will be accepted.

Advertised position:	ef. No:
Salary scale advertised R/R/R/R/R/R	/R
Are you prepared to accept appointment on minimum notch of scale (yes)	(no)
If no, indicate notch required: R Earliest date on which duty	can be assumed:

INTERNAL EMPLOYEES Pay number:	(	Current position:	
Employment status (Indicate with an X)	Permanent	Temporary Contract	

#### A. PERSONAL PARTICULARS

Surname:		ID no:												
First Names:							Know	n as						
Marital Status:	Married	]	Divo	orced			W	idow		]	Si	ngle		
Postal Address:														 
							F	Postal	code: .					 
Residential Addı	ess:													 
							F	Postal	code: .					 
Telephone numb	ers: Home:		w	ork:					Ce	əll:				 
Kindly furnish th	e name of an alternate c	ontact person ir	n the ev	ent of y	/ou no	t being	availal	ble at f	the abo	ve telej	ohone r	umber	:	
Name:					. Telep	hone n	o.:							 
Are you a South	African citizen? Please ir	ndicate with X			YES				NO					

## **B. EMPLOYMENT EQUITY MONITORING INFORMATION**

Race: Please Indicate X	African		Coloured		Indian		White	
Gender : Please Indicate X			Male				Female	
Have you ever been medically boarded: NO YES If yes please provide details of your Medical Boarding and the current Health recovery status post boarding (ATTACH DOCTOR'S PROOF)								
Disability: Please provide details of the	nature of phy	vsical dis	abilities and/or any o	ther:				

# C. SECONDARY & TERTIARY QUALIFICATIONS

Name of School		
Highest STD/Grade Passed	Date Obtained	

Name of Tertiary Institution(s)	Qualification Obtained	Date Obtained				
IF YOU ARE STUDYING AT PRESENT, GIVE FULL DETAILS:						

Other qualifications obtained:							
Are you a member of a professional association? (Please indicate with an	X) Yes ; No Please provide details:						
Additional courses/Certificates attended:							
State clearly any relevant knowledge and skills obtained th	at can be linked to the requirements as advertised.						
Knowledge of:	Skilled in: (e.g. computers, supervision)						

## D. GENERAL

Language Proficiency (Please indicate with an X)	English	1		IsiZulu			Other		
- ``	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
Write									
Read									
Speak									
Understand only									
Are you in possession of a driver's licence? Yes Date issued: Type:									
If endorsed, specify:Are you in possession of a PrDP licence? Yes / No Date issued : Expiry Date: Have you ever been convicted of a criminal offence, which may impact on the post you are applying for? Yes No :									

## E. WORK EXPERIENCE / EMPLOYMENT RECORD

Current/Loot Employment	Dealtion Hald	Noture of Duties	Devied of Complex
Current/Last Employment	Position Held	Nature of Duties	Period of Service
Name:			From:
Address:			<u>To:</u>
			Reason for leaving:
Tel. No.:			
Previous Employer	Position Held	Nature of Duties	Period of Service
Name:			From:
Address:		_	То:
 Tel. No.:			Reason for leaving:
Previous Employer	Position Held	Nature of Duties	Period of Service
Name:			From:
Address:			То:
			Reason for leaving:
Tel. No.:		_	
Previous Employer	Position Held	Nature of Duties	Period of Service
Name:			From:
Address:			То:
			Reason for leaving:
Tel. No.:			<u> </u>

### F. REFERENCES

Name : Initials & Surname	Position	Institution	Contact numbers
1.			
2.			
3.			

#### **G. DECLARATION**

I hereby certify that the above-mentioned information is to the best of my knowledge true and correct. I accept that, in the event of my application being successful, any information to the contrary will lead to immediate dismissal. I have acquainted myself with the content of the main duties stated in the advertisement of the post and declare that I am fit to fulfill the duties. I hereby give permission to the KwaDukuza Municipality to contact any person at my current or previous employer(s) and/or relevant institution to obtain a detailed reference regarding my general conduct, work performance-history, behavior etc. With the exception of the following, who must not be contacted:

\_\_\_\_\_Reason:\_\_\_\_\_

I also give consent that this information together with any relevant information like findings by a medical practitioner, criminal record and any other relevant information be made available to KwaDukuza Municipality.

SIGNATURE: \_\_\_\_\_\_ DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

NB: Please initial any correction being effected on this application form and this form cannot be used for section 56/57 managers' posts.



# **KwaDukuza Municipality**

www.kwadukuza.gov.za

Enquiries Imobuzo Navrae	Telephone Ucingo Telefoon	032 437 5000	Postal Address Isikhwama Seposi Pos Adres	P.O. BOX 72 KWADUKUZA 4450
Reference Inkomba Verwysing	Fax iFeksi Faks		Date Usuku Datum	

# THE KDM FORM CONFIRMING PHYSICAL RESIDENCE OF KWADUKUZA RESIDENT FOR PURPOSES OF EMPLOYMENT OPPORTUNITIES (DESIGNATED POSTS)

SURNAME:..... NAMES:..... ID NUMBER:..... CONTACT NUMBER:..... PHSICAL ADDRESS: DURATION OF STAY (ABOVE ADDRESS):..... KDM WARD NUMBER:..... REGISTERED VOTER IN KDM OR OUTSIDE:..... IF YES WARD NUMBER:..... IF YES VD NAME:.... IF OUTSIDE WHERE (MUNICIPALITY):.... As KDM Councillor representing this ward, I hereby confirm that the information given to me by the resident is factually correct. KDM WARD NUMBER:..... SIGNATURE OF THE COUNCILLOR: DATE:.... COUNCILLOR'S STAMP.