

C. SECONDARY & TERTIARY QUALIFICATIONS

Name of School		Town :	Province of school
Highest Std/Grade Passed		Date obtained	
Subjects Passed			

Name of Tertiary Institution(s)		
Qualification obtained:		
Date obtained:		
Subjects passed:	MAJOR	OTHERS

IF YOU ARE STUDYING AT PRESENT, GIVE FULL DETAILS:

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APPRENTICESHIP / LEARNERSHIP / OTHER

Trade:

Qualified	Unqualified
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 Please indicate with ✓

Name of Institution: Registration date:

Other qualifications obtained:

Are you a member of a professional association? Please indicate with ✓ **Yes / No** Please provide details:

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Additional courses attended:

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D. RECOGNITION OF PRIOR LEARNING

State clearly any relevant knowledge and skills obtained that can be linked to the requirements as advertised.

Knowledge of:	Skilled in: (e.g. computers, supervision)
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E. GENERAL

Language proficiency Please indicate with ✓	English			Other:			Other:		
	Good	Fair	Weak	Good	Fair	Weak	Good	Fair	Weak
Write									
Read									
Speak									
Understand only									

Are you in possession of a driver's licence? **Yes / No** Date issued: Type:

If endorsed, specify:

Are you in possession of a PDP 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** :

F. WORKING EXPERIENCE / EMPLOYMENT RECORD

Are you presently employed? Please indicate with ✓			
		Yes	No
Current / Last Employer	Position held	Nature of duties	Period of service
Name: Address: Tel. No.:	From: To: Reason for change:
Previous Employer(s)	Position held	Nature of duties	Period of service
Name: Address: Tel. No.:	From: To: Reason for change:
Name: Address: Tel. No.:	From: To: Reason for change:
Name: Address: Tel. No.:	From: To: Reason for change:

G. REFERENCES

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 fulfil the duties.

I hereby give permission to the Steve Tshwete Local 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, behaviour 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 Steve Tshwete Local Municipality.

The following people can be contacted for reference purposes :

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

H. DECLARATION

I hereby confirm that the following people who are involved in the activities of the Steve Tshwete Local Municipality either as a Councillor or an official, is related to me.

NONE:

<u>NAME & SURNAME</u>	<u>RELATIONSHIP</u>	<u>POSITION OR DESIGNATION</u>	<u>DEPARTMENT</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

SIGNATURE:

DATE:

NB : Please initial each page in the right hand bottom corner and sign next to each correction made by you on this form.
Council reserves the right not to proceed with an appointment for any vacant position.