

C. SECONDARY & TERTIARY QUALIFICATIONS

Name 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:

.....

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 ✓						
		<table border="1" style="display: inline-table;"> <tr> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">No</td> </tr> </table>	Yes	No		
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.