

ORANJEMUND TOWN COUNCIL



APPLICATION FOR EMPLOYMENT (Internal/External applicants)

This form must be completed in full and signed by the applicant and certified copies of all qualifications and relevant documents (i.e. work testimonials) must be attached.

CONFIDENTIAL

Position applied for:

PERSONAL PARTICULARS

Names:	Surname:
Street/Home Address:	Postal Address:
Date of Birth Year-Month-Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Identity No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality:	Home Languages:
Work/Home Telephone No:	Mobile No:
Are you in possession of a valid driver's license? Yes No <input type="checkbox"/> <input type="checkbox"/>	If yes, please complete: Code:
Do you have any relative/s working for Oranjemund Town Council? Yes/No <input type="checkbox"/> <input type="checkbox"/>	

EDUCATION

Attach certified copies

	School	Technicon/College	University
Name of Institution			
Qualifications			
Year Obtained			

	School	Technicon/College	University
Name of Institution			
Qualifications			
Year Obtained			

Are you a member of a professional body or institute? Yes No

- If yes, name the body or institute

- Registered as

- Registration number

WORK EXPERIENCE (CURRENT AND PREVIOUS EMPLOYER)

Name of present employer	Period of service (From/to)	Position held	Reason for termination of service
1.			
Name of previous employer	Period of service (From/to)	Position held	Reason for termination of service
1.			
2.			
3.			
4.			

5.			
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REFERENCES
(PROFESSIONAL ONLY)

Full Name	Company	Position	Phone

APPRENTICESHIP

Trade qualified in:	Year:
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Name of Company:		
Have you passed a trade test? Yes No <input type="checkbox"/> <input type="checkbox"/>	Contract Number:	Year:

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES No

INFORMATION TO DISCLOSE

Please read carefully:	Yes or No
1. Have you ever been dismissed from employment?	
2. Have you ever been found guilty of any misconduct or do you have any criminal convictions?	
3. Are there any pending or unresolved investigations against you at your current employer or at any previous employer?	
4. Is there anything else that you would like to disclose regarding your past conduct and behavior at the workplace? If yes, kindly explain on a separate sheet.	
5. Do you have anything to disclose regarding your health condition which you think the employer should know? If yes, kindly explain on a separate sheet.	

Employment Equity

In terms of the Affirmative Action Act, please identify your classification:

Previously advantaged male		Previously disadvantaged female	
Previously advantaged female		Disabled male	
Previously disadvantaged male		Disabled female	

Kindly elaborate on the disability (if applicable):

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DECLARATIONS

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application may result in my employment being terminated.

PRINT NAME _____

SIGNATURE _____ **DATE** _____