**Chief Albert Luthuli Municipality**

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| **OFFICES ALSO AT****Badplaas 017 844 1066****Empuluzi 017 881 3006****Elukwatini 017 883 0431****Ekulindeni 017 884 0360** | Logo | **HEAD OFFICE****28 Kerk Street****Carolina 1185****Tel : 017 843 4000****Fax : 017 843 4001****e-mail : mm@albertluthuli.gov.za** |
| **The transparent, innovative and developmental municipality that improves the quality of life of its people** |

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| **APPLICATION FOR EMPLOYMENT** |
|  |  |  |
|  | **Position for which you are applying** |  |  |
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|  | **SECTION I - PERSONAL INFORMATION** |  |
|  |  |  |
|  | **Surname** |  |  |
|  |  |  |
|  |  |  |
|  | **Full Names** |  |  |
|  |  |  |
|  |  |  |  |  |  |
|  | **Identity Number** |  | **Income Tax Number** |  |  |
|  |  |  |
|  |  |  |  |  |  |
|  | **Date of Birth** |  | **Age** |  |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **Race** | **African** |  | **Coloured** |  | **Indian**  |  | **White**  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |
|  | **Gender** | **Male** |  | **Female** |  |  |  |  |  |  |
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|  | **Do you have any disability?** | **Yes** |  | **No** |  |  |  |  |  |  |
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|  | **Are you a South Citizen?** | **Yes** |  | **No** |  |  |  |  |  |  |
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|  | **If NO, what is your Nationality?** |  |  |  |  |  |
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|  | **Do you have a Work Permit?** | **Yes** |  | **No** |  |  |  |  |  |  |
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|  | **SECTION II - CONTACT INFORMATION****(How do we contact you?)** |  |
|  |  |  |  |  |  |
|  | **Preferred language for correspondence** |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Contact Number during office hours** |  |  |  |  |
|  |  |  |  |  |  |
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|  | **Preferred method for correspondence** | **Post** |  | **e-mail** |  | **Fax** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
|  | **Correspondence details (P O Box number / e-mail address / fax number)** |  |  |
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|  | **SECTION III - LANGUAGE PROFICIENCY** |  |
|  |  |  |  |  |  |
|  | **Languages (specify) - state ‘GOOD’, ‘FAIR’ or ‘POOR’** |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **English** | **Afrikaans** | **Other** | **Other** | **Other** | **Other** |  |
|  | **Speak** |  |  |  |  |  |  |  |
|  | **Read** |  |  |  |  |  |  |  |
|  | **Write** |  |  |  |  |  |  |  |
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|  | **SECTION IV - EDUCATIONAL INFORMATION** |  |
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|  | **QUALIFICATIONS** |  |  |  |  |
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|  |  |  |  |  |  |
|  | **1. Last school attended** |  |  |  |  |
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|  |  |  |  |  |  |
|  |  **Highest grade passed** |  | **Year** |  |  |
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|  | **2. Last college / technikon / university attended** |  |  |
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|  |  |  |  |  |  |
|  | **3. Certificates / Diplomas / Degrees**  | **Year acquired** | **Subjects passed** |  |
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|  | *Certified copies (not older than 3 months) of certificates must be attached to this application form* |  |
|  | **SECTION V - EMPLOYMENT INFORMATION** |  |
|  |  |  |  |  |  |
|  | **WORK EXPERIENCE** |  |  |  |  |
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|  |  |  |  |  |  |
|  | **1. Previous Employment** |  |  |  |  |
|  |  |  |  |  |
|  | **Name of Employer** | **Position held** | **Period of Employment** |  |
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|  | **2. Current Employment** |  |  |  |
|  |  |  |  |  |
|  | **Name of Employer** | **Position held** | **Period of Employment** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **3. Employment References** |  |  |  |
|  |  |  |  |  |  |
|  | **Initials and Surname of Person** | **Company/Employer** | **Relationship** | **Contact Number** |  |
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|  | **4. Earliest date on which duties can be assumed** |  |  |  |
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|  | **5. Certificates / Diplomas / Degrees / Testimonials**  |  |  |  |
|  |  |  |  |  |  |
|  |  **Certified copies of the following Certificates / Diplomas / Degrees are attached hereto:** |  |
|  |  **1.** |  |  |
|  |  **2.** |  |  |
|  |  **3.** |  |  |
|  |  **4.** |  |  |
|  |  **5.** |  |  |
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|  | **SECTION VI - GENERAL INFORMATION** |  |
|  |  |  |  |  |  |
|  | **Any other information** |  |  |  |  |
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|  | **SECTION VII - STATEMENT** |  |
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|  |  |  |  |  |  |
|  | I, the undersigned, hereby solemnly state as follows: |  |  |  |  |
|  |  |  |  |  |  |
|  | 1. That the information stated above is true and correct to the best of my knowledge; |  |
|  |  |  |  |  |
|  | 2. That should the above information be a willfully false statement, I am aware that I render myself liable for instant dismissal on proof thereof; |  |
|  |  |  |  |  |
|  | 3. That I am aware that I am held responsible for losses which the Council may suffer as a result of my failure to assume duties; |  |
|  |  |  |  |  |
|  | 4. That I understand and accept that if I am appointed to the services of Chief Albert Luthuli Municipality, such appointment shall be subject to the  provisions of relevant legislation, the relevant Conditions of Employment, the relevant Code of Conduct, as amended from time to time. |  |
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|  | **Signature of Applicant** |  | **Date** |  |
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