

# Chief Albert Luthuli Municipality

## HEAD OFFICE

28 Kerk Street  
Carolina 1185  
P.O Box 24, Carolina, 1185  
Telephone: 017 843 4000  
Call Centre: 017 004 0210  
E-mail: [mm@albertluthuli.gov.za](mailto:mm@albertluthuli.gov.za)  
Website: [www.albertluthuli.gov.za](http://www.albertluthuli.gov.za)



## OFFICES ALSO AT

Emanzana 017 001 1530  
Empuluzi 017 001 1562  
Elukwatini 017 001 1542  
Ekulindeni 017 001 1522

*The transparent, innovative and developmental municipality that improves the quality of life of its people*

## APPLICATION FOR EMPLOYMENT

Position for which you are applying \_\_\_\_\_

### SECTION I - PERSONAL INFORMATION

Surname \_\_\_\_\_

Full Names \_\_\_\_\_

Identity Number \_\_\_\_\_

Income Tax Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Race

African

Coloured

Indian

White

Gender

Male

Female

Do you have any disability?

Yes

No

Are you a South African Citizen?

Yes

No

If NO, what is your Nationality? \_\_\_\_\_

Do you have a Work Permit?

Yes

No

### SECTION II - CONTACT INFORMATION

(How do we contact you?)

Preferred language for correspondence \_\_\_\_\_

Contact Number during office hours \_\_\_\_\_

Preferred method for correspondence

Post

e-mail

Fax

Correspondence details (P O Box number / e-mail address / fax number) \_\_\_\_\_

### SECTION III - LANGUAGE PROFICIENCY

Languages (specify) - state 'GOOD', 'FAIR' or 'POOR'

	English	Afrikaans	IsiZulu	Other	Other	Other
Speak						
Read						
Write						

## SECTION IV - EDUCATIONAL INFORMATION

### QUALIFICATIONS

1. Last high school attended .....

Highest grade passed .....

Year .....

Province .....

Town .....

2. Last college / technikon / university attended .....

3. Certificates / Diplomas / Degrees	Year acquired	Subjects passed

*Certified copies (not older than 3 months) of certificates must be attached to this application form*

## SECTION V - EMPLOYMENT INFORMATION

### WORK EXPERIENCE

1. Previous Employment

Name of Employer	Position held	Period of Employment

2. Current Employment

Name of Employer	Position held	Period of Employment

3. Employment References

Initials and Surname of	Company/Employer	Relationship	Contact Number

4. Earliest date on which duties can be assumed .....

5. Certificates / Diplomas / Degrees / Testimonials

Certified copies of the following Certificates / Diplomas / Degrees are attached hereto:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## SECTION VI - GENERAL INFORMATION

Any other information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION VII - STATEMENT

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date