

B. EMPLOYMENT EQUITY MONITORING INFORMATION

Race: Please Indicate X	African		Coloured		Indian		White	
Gender : Please Indicate X			Male				Female	

Have you ever been medically boarded: NO YES If yes please provide details of your Medical Boarding and the current Health recovery status post boarding (ATTACH DOCTOR'S PROOF)

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Disability: Please provide details of the nature of physical disabilities and/or any other:

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C. SECONDARY & TERTIARY QUALIFICATIONS

Name of School			
Highest STD/Grade Passed		Date Obtained	

Name of Tertiary Institution(s)	Qualification Obtained	Date Obtained

IF YOU ARE STUDYING AT PRESENT, GIVE FULL DETAILS:

Other qualifications obtained: _____

Are you a member of a professional association? (Please indicate with an X) Yes ; No Please provide details:

Additional courses/Certificates attended:

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)

D. GENERAL

Language Proficiency (Please indicate with an X)	English			IsiZulu			Other		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
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 PrDP 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 :

E. WORK EXPERIENCE / EMPLOYMENT RECORD

Are you presently employed (Please indicate with an X) Yes No

Current/Last Employment	Position Held	Nature of Duties	Period of Service
Name: _____ Address: _____ Tel. No.: _____	_____ _____ _____ _____	_____ _____ _____ _____	From: _____ To: _____ Reason for leaving: _____ _____
Previous Employer	Position Held	Nature of Duties	Period of Service
Name: _____ Address: _____ Tel. No.: _____	_____ _____ _____ _____	_____ _____ _____ _____	From: _____ To: _____ Reason for leaving: _____ _____
Previous Employer	Position Held	Nature of Duties	Period of Service
Name: _____ Address: _____ Tel. No.: _____	_____ _____ _____ _____	_____ _____ _____ _____	From: _____ To: _____ Reason for leaving: _____ _____
Previous Employer	Position Held	Nature of Duties	Period of Service
Name: _____ Address: _____ Tel. No.: _____	_____ _____ _____ _____	_____ _____ _____ _____	From: _____ To: _____ Reason for leaving: _____ _____

F. REFERENCES

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

G. DECLARATION

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 fulfill the duties. I hereby give permission to the KwaDukuza 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, behavior 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 KwaDukuza Municipality.

SIGNATURE: _____ DATE: _____

NB: Please initial any correction being effected on this application form and this form cannot be used for section 56/57 managers' posts.



KwaDukuza Municipality

Province of KwaZulu-Natal

Enquiries Imobuzo Navrae		Telephone Ucingo Telefoon	032 437 5000	Postal Address Isikhwama Seposi Pos Adres	P.O. BOX 72 KWADUKUZA 4450
Reference Inkomba Verwysing		Fax iFeksi Faks		Date Usuku Datum	

THE KDM FORM CONFIRMING PHYSICAL RESIDENCE OF KWADUKUZA RESIDENT FOR PURPOSES OF EMPLOYMENT OPPORTUNITIES (DESIGNATED POSTS)

SURNAME:.....

NAMES:.....

ID NUMBER:.....

CONTACT NUMBER:.....

PHSICAL ADDRESS:.....

DURATION OF STAY (ABOVE ADDRESS):.....

KDM WARD NUMBER:.....

REGISTERED VOTER IN KDM OR OUTSIDE:.....

IF YES WARD NUMBER:.....

IF YES VD NAME:.....

IF OUTSIDE WHERE
(MUNICIPALITY):.....

As KDM Councillor representing this ward, I hereby confirm that the information given to me by the resident is factually correct.

KDM WARD NUMBER:.....

SIGNATURE OF THE COUNCILLOR:.....

DATE:.....

COUNCILLOR'S STAMP.