

Office of the CEO

23 © 067 - 243101 Fax 067 - 242930 Grootfontein

## Municipality of Grootfontein

Application for:
First Names and Surname (in full)
2. Identity No. Attached copy please.
3. Date of Birth:
4. (a) Postal Address:
(b) Residential Address:
(c) Telephone Number:
5. Sex:
6. Marital Status :
7. Citizenship:
8. EDUCATION AND TRAINING:
(a) What is the highest standard you have passed at school?
(b) Name and Place of School:
(c ) Date:
(d) Indicate the subjects you have passed in the last year of full-time schooling. (Underline subjects passed with distinction)
(e) How many years since you left full-time schooling?

Name of Institute	Years attended From/To	Courses followed e.g. BA, B.Sc, B.Com, etc / Indicate full-time or extra - mural	Degrees, Diplomas, etc obtained indicate whether course had been completed / not completed and which year
Pr	oof of qualifications must a	ccompany this application forn	1
<u> </u>	oor or quannoutions must u	острану ино аррисано потп	<u></u>
ANGUAGE PROFICIENC	Y:		
	e proficiency by <b>good</b> , <b>averag</b>	ond fair	
			,
Language	Read	Write	Speak
PREVIOUS EMPLOYMEN	<b>√T</b> :		
		employers. (Place your present E	mployer last).
	give details of your previous o	employers. (Place your present Ed	
e schedule below, please	give details of your previous o		mployer last).  Reason for change
e schedule below, please	give details of your previous o		
e schedule below, please	give details of your previous o		
e schedule below, please	give details of your previous o		
e schedule below, please  Employer	give details of your previous of S		
e schedule below, please  Employer  KNOWLEDGE AND EXPE	give details of your previous of S  Period of S  ERIENCE:	Service From / To	
e schedule below, please  Employer  KNOWLEDGE AND EXPE	give details of your previous of S	Service From / To	
E schedule below, please  Employer  KNOWLEDGE AND EXPE	give details of your previous of S  Period of S  ERIENCE:	Service From / To	
Employer  KNOWLEDGE AND EXPE	give details of your previous of S  Period of S  ERIENCE:	Service From / To	

12. <u>GENERAL:</u>						
(1) Present salary no	tch:					
(2) Allowances:						
(3) Bonus:						
(4) Have you ever be	en convicted of	a criminal offence?				
(5) Have you at any t	ime had to resig	n to avoid disciplinar	y measures?			
13. A medical certific	ate will be requi	red prior appointment	at own cost.			
14. I hereby declare that all the information contained in this form is correct and that I have supplied sufficient information to give a true image of my previous duties and competence.						
Furthermore I declare that I bind myself unconditionally from the date of commencement of duties to the provisions of the Staff Regulations of the Municipality and / or to such extra - ordinary conditions as the Council may impose upon me or upon which the Council and I may agree.						
DATE				SIGNATURE		