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www.mandeni.gov.za

ANNEXURE E APPLICATION FORM FOR EMPLOYMENT

Advertised post applying for			Year				
Reference number	1 L			16			
Name of municipality			VX				
Notice service period				1/4			
PERSONAL DE	ΓAILS						
Surname							
First Names	A / 1	7/10/					
ID or Passport	1 8	7/					
Gender	Male		105	Female			
Race	African	White	Coloured	Indian			
Do you have a disability?	YES	NO	If yes, elaborate	A			
Are you south African Citizen	YES	NO	If not, what is your nationality?				
	, 1		Do you have a valid work permit?	YES	NO		
Do you hold a professional membership with any professional body?	YES	NO	Name of professional body	Membership Number	Expiry date		
CONTACT DET		,					
Telephone nur duration office		()					
Mobile phone	number						

Executive Committee



Postal addres	S										
									Code	2	
Email Address											
Preferred language of communication				า							
QUALIFICATION	ONS	(please	elaborate c	n '	your C\	/)					
Highest education qualification obtained											
Name of the	scho	ol			Highest Grade			Year Obtained			
Highest tertia	ıl qua										
Name of		Name	of qualificat	tio	ion NQF LEVEL			YEAR			
Institution										OBTAINED	
WORK EXPER	RIENC	E (Pleas	se Elaborate	e C	n Your	CV)					
Employer	Pos	t held	F	ROM				То		Reason	
(starting			Month		Year		Month	Year		for	
with the										leaving	
most											
recent)											
DISCIPLINARY RECORD											
Have you bee	n dis	missed	for	Υ	'es			No			
misconduct during the past ten (10)											
years?											
If yes, Name of municipality /											
Employer											
Type of a misconduct/											
Transgression Date of Resignation/ Disciplinary											
case finalised/ Dismissal											
Award/ sanction											
Have you been accused of an			Υ	'es			No				
alleged misconduct and resigned											
from your job pending finalisation											
of the disciplinary proceedings?											



CRIMINAL RECOR	D							
Have you been co	Yes	Yes No		No				
criminal offence in								
If yes, types of crir								
Date criminal case								
Outcome / Judgm								
REFERENCES (please elaborate on your cv)								
Name of referee Relationship		Tel (office	Cellphone		Email			
		hours)	Nu	Number				
DECLARATION								
I hereby declare th	nat all the informa	tion provided in th	is ap	plicati	on and	any attachm	ents	
in support thereof is to the best of my knowledge true and correct. I understand that any								
misrepresentation or failure to disclose any information may information may lead to my								
disqualification or	termination of my	y employment con	tract	t, if app	ointed			
Signature:	Date:	ate:						