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BEAUFORT WEST MUNICIPALITY

EXPENDED PUBLIC WORKS PROGRAMME EPWP APPLICATION FORM FOR EMPLOYMENT

1. The purpose of this form is to assist the Municipality in selecting suitable candidates for an advertised position.
2. This form must be completed in full, accurately and in your own hand writing with a black pen. All material information applicable to a candidate must be provided on this form. Any additional information can be provided on the CV.
3. Candidates who are shortlisted for interviews may be asked to provide additional information that will assist Municipality in speeding up recruitment and selection processes.
4. All information provided will be treated as strictly confidential and will not be used for any purpose other than to assess the suitability of the application.
5. This form is designed to assist the Municipality with the recruitment, selection and appointment of staff members in terms of the Local Government: Municipal Systems Act, 2000 (Act, no. 32 of 2000).

DETAILS OF ADVERTISED POST (AS INDICATED ON THE ADVERTISEMENT)

Apply for advertised job/s	1.	
	2.	
	3.	
	4.	
Name of the Municipality		

PERSONAL INFORMATION

Surname							
Name / s							
ID or passport number		Married	Y		No		Number of children (eg:2)
		Divorced	Y		No		
Dependants		How many scholars in household					
Gender	Male			Female			
Race	Black		White		Coloured		Indian
Do you have a disability?	Yes	No	If yes specify				
Are you a South African citizen	Yes	No	If not, what is your Nationality?				
			Do you have a valid work permit?		Yes	No	
Number of People living in the house			Household Income:		Female Headed Household	YES	NO
Do you have a valid driving license?	Yes	No	Code:		Current Employment	Yes	No

CONTACT DETAILS

Telephone number during office hours			
Cell phone number			
Postal address			
	Ward		Code:
Home language			
Preferred language of communication			

QUALIFICATIONS (EXPAND IN YOUR CV.)

Highest educational qualification			
Name of School	Highest grade	Year obtained	
HIGHEST ACQUISITION ACQUIRED			
Name of Institution	Name of qualification	NQF-Level	Year obtained

WORK EXPERIENCE (PLEASE EXPAND ON CV)

Employer (start with most recent)	Post	From		Till		Reason for leaving
		Month	Year	Month	Year	

REFERENCES

Name of reference	Relationship	Tel (Office hours)	Cell phone number	E-mail

STATEMENT

- I hereby declare all the information applied for in this application and any attachment provided in support thereof, as far as I know true and correct. I understand that any misrepresentation or failure to disclose any information may result in my disqualification or termination of my employment contract, if appointed.

Signature:

Date: