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BEAUFORT WEST MUNICIPALITY

EXPENDED PUBLIC WORKS PROGRAMME EPWP APPLICATION FORM FOR EMPLOYMENT

- The purpose of this form is to assist the Municipality in selecting suitable candidates for an advertised position.
- 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.
- Candidates who are shortlisted for interviews may be asked to provide additional information that will assist Municipality in speeding up recruitment and selection processes.
- 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.
- 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?			NA	
			Do you have a valid work permit?			Yes	No
Number of People living in the house	7		Household Income: R2800.00 pm			Female Headed Household	YES NO
Do you have a valid driving license?	Yes	No	Code:	NA	Current Employment		Yes No

CONTACT DETAILS

Telephone number during office hours	NA		
Cell phone number			
Postal address			
			Code: 6970
Home language	Afrikaans		
Preferred language of communication	Afrikaans		

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
NA	NA	NA	NA

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)	Cellphone 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: