

DANNHAUSER LOCAL MUNICIPALITY (KZ - 254)

8 Church Street
Private Bag X1011
Dannhauser
3080



Telephone: (034) 621 2666
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municipalmanager@dannhauser.gov.za

POSITION APPLYING FOR:

TITLE	FIRST NAME	SURNAME	DATE OF BIRTH

PERSONAL DETAILS:

PLACE OF BIRTH	I.D. NUMBERS	CODE OF DRIVERS LICENCE

RESIDENTIAL ADDRESS	POSTAL ADDRESS	POSTAL CODE	CONTACT TELEPHONE NUMBER	FAX NUMBER

HIGHEST SCHOLARSTIC QUALIFICATION:

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(PLEASE ATTACHED A CERTIFIED COPY OF THE CERTIFICATE)

OTHER QUALIFICATIONS/TRAINING COURSES COMPLETED :(PLEASE ATTACHED CERTIFIED COPIES OF ALL CERTIFICATES)

DESCRIPTION OF QUALIFICATION:	INSTITUTION:	DURATION OF STUDY:	COMPLETION DATE:

RELEVANT EXPERIENCE: (PLEASE ATTACH CERTIFIED COPIES OF ALL RELEVANT DOCUMENTARIES PROOF:

EMPLOYER:	POST HELD:	PERIOD:	TERMINATION DATE:	REASON FOR TERMINATION:

OTHER INFORMATION:

PLEASE TELL US, IN NOT MORE THAN 50 WORDS, WHY YOU THINK YOU SHOULD BE CONSIDERED FOR THIS POSITION:

- 1. I CERTIFY THAT ALL INFORMATION ON THE FORM AS WELL AS IN MY CV IS CORRECT.**
- 2. I UNDERSTAND THAT ANY FALSE STATEMENT OR ANY CANVASSING OF COUNCILLORS OR MEMBERS OF MANAGEMENT OF THE DANNHAUSER LOCAL MUNICIPALITY WILL LEAD TO MY IMMEDIATE DISQUALIFICATION AS A CANDIDATE OR TERMINATION OF MY CONTRACT IF THIS IS ASCERTAINED AFTER EMPLOYMENT.**
- 3. I UNDERSTAND THAT THIS APPLICATION IS FOR A PERMANENT APPOINTMENT.**

SIGNATURE

DATE