

THABAZIMBI**MUNISIPALITEIT****MUNICIPALITY**

Enquiries: Corporate Services Department
 Narvrae: Korporatiewe Dienste Departement

| | |
|--|--|
| ADRES / ADDRESS Privaatak / Private Bag X530 THABAZIMBI 0380 | TELEFOON / TELEPHONE (014) 777 1902 7 Rietbokstreet Thabazimbi |
|--|--|

| |
|--|
| AANSOEK OM BETREKKING VAN / APPLICATION FOR POSITION OF |
| |

| | | | |
|--------------------------------------|----------------------------------|------------|--|
| Van Surname | | | |
| Voorname First Names | | | |
| Posadres Postal Address | Woonadres Residential address | | |
| Telefoonnommers / Telephone numbers: | | | |
| Werk / Work | Woning / Residence | Sel / Cell | |
| | | | |

*** HIERDIE VORM MOET VOLLEDIG VOLTOOI WORD / THIS FORM TO BE COMPLETED IN FULL
* (VOLTOOI PARAGRAWA A TOT H / COMPLETE PARAGRAPHS A TO H)**

A. PERSOONLIKE BESONDERHEDE / PERSONAL DETAILS

| | | | | | | | | |
|---|--|-----------------------|-------------------|-----------------------|---|----------------------|----------------|-------------------|
| (i) Geboortedatum Date of Birth | | (ii) Ouderdom Age | | | (iii) Identiteitsnommer / Identity Number | | | |
| (iv) Huwelikstaat Marital Status | | Ongetrou Unmarried | Getrou Married | In Wedusta Widowed | Geskei Divorced | (v) Geslag Sex | Manlik Male | Vroulik Female |
| Plaas "X" in betrokke kolom Place "X" in appropriate column | | | | | | | | |
| (vi) Ouderdomme van afhanklike kinders Ages of dependant children | | | | | | | | |
| (vii) Ander afhanklikes (spesifiseer) Other dependants (specify) | | | | | | | | |
| (viii) (a) Het u enige familieledede wat in diens van die Thabazimbi Munisipaliteit is? Do you have any relatives who are in the service of Thabazimbi Municipality? | | | | | | | | |
| (b) Indien wel, wat is sy/haar verwantskap? If so, what is his/her relationship? | | | | | | | | |
| (ix) Geboorteland Country of birth | | | | | (x) Is u 'n Suid-Afrikaanse burger? Are you a South African citizen? | | | |
| (xi) Totale tydperk in Suid-Afrika woonagtig Total period of residence in South Africa | | | | | | | | |

B. KWALIFIKASIES / QUALIFICATIONS

| (i) Naam van skool, kollege of universiteit Name of school, college or university | Hoogste eksamen geslaag Highest examination passed | Jaar geslaag Year passed | Vakke Subjects |
|--|---|-----------------------------|---|
| (a) Skool School | | | |
| (b) Kollege of Universiteit College or University | | | |
| | | | |
| | | | |
| | | | |
| (v) Huistaal Home Language | | | |
| Kan u / Can you (meld "ja" of "nee") (state "yes" or "no") | Praat Speak | Skryf Write | Eksamens geslaag Examinations passed |
| Engels / English | | | |
| Afrikaans | | | |
| Ander (meld hieronder) / Other (state below) | | | |
| | | | |
| | | | |
| | | | |

C. HUIDIGE WERKGEWER / PRESENT EMPLOYER

| | | |
|--|-------------------------------------|---|
| (i) Naam van werkgewer Name of employer | | |
| (ii) Adres Address | | Telefoonnummer Telephone Number |
| (iii) In diens vanaf Employed as from | (iv) Poste beklee Positions held | (v) Naam van direkte hoof Name of immediate superior |
| | | |

D. VORIGE ONDERVINDING / PREVIOUS EXPERIENCE

| Werkgewer Employer | Aard van werk Nature of employment | Betrekking beklee Position held | Vanaf From | Tot To |
|--|---------------------------------------|------------------------------------|---------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Totale ondervinding / Total experience | | | Jr/ Yrs | Mde/ Mths |

E.

Vermeld die volgende inligting in verband met TWEE persone by wie verdere navrae insake u bevoegdheid en ondervinding gedoen kan word.
Give the following information regarding TWO persons from whom enquiries may be made regarding your competence and experience.

| Naam Name | (1) | (2) |
|-----------------------------|-----|-----|
| Adres Address | | |
| Telefoon Telephone | | |
| Hoedanigheid Designation | | |

F. ALGEMEEN / GENERAL

| |
|--|
| (i) Bestuurderslisensies / Driver's licences ligte / light <input type="checkbox"/> swaar / heavy <input type="checkbox"/> ekstra swaar / extra heavy <input type="checkbox"/> Ander/ Other <input type="checkbox"/> |
| (ii) Is u al ooit aan 'n kriminele oortreding skuldig bevind? Have you ever been found guilty of a criminal offence? |
| (iii) Besonderhede van ernstige siektes of beserings en fisiese ongeskiktheid: Details of serious illness or injuries and physical disabilities: |
| U vorige werkgewers sal indien nodig genader word om meer inligting Your previous employers will be contacted for more information if necessary |
| Persoonlike gunswerwing sal hierdie aansoek diskwalifiseer Personal canvassing will disqualify this application |
| Die Raad behou hom die reg voor om enige indiensnemingssooreenoms te kanselleer as enige inligting in hierdie dokument verstrek, onjuis is. The Council reserves the right to cancel any employment agreement if any information in this application appears to be incorrect. |

G. VERKLARING IN VERBAND MET GESONDHEIDSTOESTAND / DECLARATION OF CONDITION OF HEALTH

(Indien die antwoord op enige vraag "ja" is, verstrek asseblief volledige besonderhede.)
(If the answer to any question is "yes", please furnish full details.)

1. Ly u aan enige siekte of ongesteldheid?

Are you suffering from any illness or disease?

2. Het u al ooit aan enige siekte of ongesteldheid gely?

Have you ever suffered from any illness or disease?

3. Het u al ooit 'n operasie ondergaan?

Have you ever undergone an operation?

4. Was u al ooit in 'n ongeluk betrokke?

Have you ever been involved in an accident?

5. Is u al ooit om gesondheidsredes vir 'n betrekking afgekeur of daaruit ontslaan?

Have you ever been rejected or discharged from employment for medical reasons?

6. Het u al ooit in 'n myn gewerk? Indien wel, meld of u daarvandaan weg is as gevolg van myntering of 'n dergelike kwaal.

Have you ever worked on any mine? If so, state whether you left on account of Phthisis or similar complaint.

7. Hoeveel dae was u die afgelope twee jaar siek of met siekverlof afwesig?

How many days were you sick or with sick leave during the past two years?

8. Is u tans onder doktersbehandeling? Is 'n operasie aanbeveel?

Are you under treatment of a doctor at present? Has an operation been suggested?

1. Ly u aan enige siekte of ongesteldheid?

Are you suffering from any illness or disease?

Besonderhede van "Ja" hierbo:

Details regarding "Yes" above:

H. VERKLARING IN VERBAND MET GESONDHEIDSTOESTAND / DECLARATION OF CONDITION OF HEALTH

THABAZIMBI MUNISIPALE BESTUURDER

Ek, die ondertekende, verklaar hiermee dat die inligting wat bo verskaf word in alle opsigte juis en waar is en dat ek niks verswyg en geen inligting weerhou het in verband met enige saak of omstandighede wat 'n invloed op my huidige of toekomstige gesondheidstoestand kon hê nie.

Ek onderneem om, indien ek aangestel word, diens te aanvaar teen die salarisskaal van toepassing op die betrekking soos geadverteer. Ek is terdeë bewus daarvan dat die voltooiing deur my van hierdie aansoekvorm om die pos hierbo vermeld, 'n aanbod van my om diens te aanvaar in ooreenstemming met en onderhewig aan die diensvoorwaardes van die Raad en die pligte en verantwoordelikhede aan die genoemde pos verbonde, daar stel.

Ek onderneem om, indien ek nie in staat is om bewys te lewer van immunisering of inenting teen, of dat ek nie vatbaar is nie vir sodanige siektes as wat die raad in sy diskresie van tyd tot tyd mag bepaal nie, dat ek my binne sodanige tyd en teen sodanige siektes as wat die raad mag bepaal, sal laat immuniseer of inent, en binne sodanige verdere tyd as wat die raad mag bepaal, bewys sal lewer van geslaagde immunisering of inenting teen of onvatbaarheid vir die siektes wat die raad vereis het.

(Die Raad onderneem om die redelike mediese koste verbonde aan die immunisering of inenting of verkryging van 'n sertifikaat van onvatbaarheid teen sodanige siektes te betaal waar die raad se gesondheidsafdeling nie hierdie dienste verskaf nie)

Hiermee onderneem ek om, indien ek aangestel word en diens aanvaar, my te onderwerp aan s'n mediese ondersoek deur 'n geregistreerde geneesheer deur die Raad aangewys.

Hiermee onderneem ek om, nadat ek aangestel is by die Raad, diens te aanvaar op die ooreengekome datum, by gebreke waarvan ek onderneem om alle skade wat die Raad mag ly as gevolg van voornoemde te vergoed".

THABAZIMBI MUNICIPAL MANAGER

I, the undersigned, hereby declare that the information as set out above is in all respects true and correct and that in making them I have not concealed nor withheld information regarding any matter or circumstance having a bearing on my present or future health.

I undertake, if I am appointed, to commence duty on the salary scale applicable to the position as advertised.

I am fully aware of the fact that the completion of this form by myself for the abovementioned position constitutes an offer on my behalf to assume duties subject to the Council's Conditions of Service and the duties and responsibilities attached to the aforesaid post.

I undertake, if I am unable to produce proof of immunisation or of inoculation against any such diseases as the council in its discretion may decide upon from time to time, or that I am immune to such diseases, that I will subject myself to immunisation or inoculation against such diseases and within such a period as the council may determine and that I will produce within such further period as the council may prescribe, proof of successful immunisation or inoculation against or immunity from the diseases as decided upon by the council.

(The council undertakes to pay all reasonable medical expenses involved in the immunisation or inoculation or in obtaining a certificate of immunity to such diseases where the health department of the council does not provide such a service).

I further undertake to subject myself to an examination by a registered medical practitioner appointed by the council.

I hereby undertake, after I have been appointed by the Council, to take up appointment on the date agreed, failing which I undertake to refund the Council for any loss the Council may incur".

Date / Datum

Handtekening van Applikant / Signature of Applicant