MAFUBE LOCAL MUNICIPALITY

APPLICATION FOR TEMPORARY WORK ON A FIXED-TERM CONTRACT IN TERMS OF MAFUBE LOCAL MUNICIPALITY EXPANDED PUBLIC WORKS PROGRAMME CONTRACT.

Advertised Post Applying for							
Surname							
First Names							
ID or Passport Number							
Gender	**Male**			**Female**			
Race	**African**		**White**	**Coloured**		**Indian**	
Do you have a disability?	**Yes**	**No**	**If yes, elaborate**				
Are you a South African Citizen?	**Yes**	**No**	**If not, what is your nationality?**				
			Do you have a valid work Permit	**Yes**		**No**	

CONTACT DETAILS		
Mobile Phone Number		
Physical Address		
	Code:	
Email Address		
Preferred Language of Communication		

QUALIFICATIONS (Please elaborate on your CV)		
Highest Educational Qualification Obtained		
Name of the School	**Highest Grade**	**Year Obtained**

Highest Tertiary Qualification Obtained			
Name of Institution	**Name of a Qualification**	**NQF Level**	**Year Obtained**

WORK EXPERIENCE (Please elaborate on your CV)						
Employer (Starting with the most recent)	Post Held	From		To		Reason for Leaving
		Month	Year	Month	Year	

DISCIPLINARY RECORDS				
Have you been dismissed for misconduct during the past ten (10) years?	Yes		No	
If yes, Name of Municipality/Employer				
Type of Misconduct/Transgression				
Date of Resignation/Disciplinary Case Finalised/Dismissal				
Award/Sanction				
Have you been accused of alleged misconduct and resigned from your job pending finalisation of the disciplinary proceedings?	Yes		No	

CRIMINAL RECORDS				
Have you been convicted of any criminal offence in a court of law during the past ten (10) years?	Yes		No	
If yes, type of criminal act				
Date criminal case finalised				
Outcome/Judgement				

REFERENCES (Please elaborate on your CV)				
Name of Referee	Relationship	Tel (Office Hours)	Cell phone Number	Email

DECLARATION	
I hereby declare that all the information provided in this application and any attachments 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 lead to my disqualification or termination of my employment contract, if appointed. I further confirm that I have not participated in the Municipal EPWP or CWP in the previous years.	
Signature:	**Date:**