

INGQUZA HILL LOCAL MUNICIPALITY

130 Main Street
PO Box 14
Flagstaff
4810
Eastern Cape



66 Main Street
PO Box 7
Lusikisiki
4820
Eastern Cape

Tel: (039) 252 0131/61
Fax: (039) 252 0699

INGQUZA HILL
LOCAL MUNICIPALITY

Tel: (039) 253 1568/1096
Fax: (039) 253 1234

APPLICATION FOR EMPLOYMENT

Please note:

- This form must be completed legibly by the applicant in his/her own hand-writing.
- A separate application form must be used for each vacancy.
- Canvassing for appointment will disqualify an applicant.
- No original certificates or CV's should be attached to this form, but certified copies thereof must be attached.
- Successful applicants will be required to produce original documents, including the ID document and educational qualifications for certification purposes.
- Incomplete or late applications will not be considered.
- Applicants must meet the minimum requirements indicated in the advertisement before lodging an application.
- The submission of an application gives Ingquza Hill Local Municipality the right to make inquiries necessary to obtain information regarding the applicant's background. Such enquiries will include current and previous employers as well as academic institutions.
- This Municipality reserves the right to verify the authenticity of all documents submitted.

A. POST APPLIED FOR :										
1.	Post Designation									
2.	Reference Number									
3.	Department									
4.	Permanent, Temporary, Contract									
B. PERSONAL PARTICULARS										
1.	(i) Surname						Title			
	(ii) First Name(s)									
	(iii) Maiden Name						(iv) Identity Number			
	(v) Are you a South African citizen?						Yes		No	
	If not a South African citizen - Have you a permanent residence permit?						Yes		No	
	(vi) Nationality									
Please tick whichever is applicable										
2.	(i) Gender ₁						Male		Female	
	(ii) Race ₁	African		Coloured		Indian		White		
		Other		Specify						
3.	Residential Address									
									Code	
4.	Telephone Number				Code		Number			
5.	Cell phone Number									
6.	Facsimile				Code		Number			
7.	E-mail address									
8.	Date of Birth									
9.	Do you have a disability? ₁						Yes		No	
10.	Have you ever been convicted of a criminal offence or been dismissed from employment? ₂						Yes		No	
C. LANGUAGE PROFICIENCY – state “good”, “fair” or “poor”										
		Languages (specify)								
	Speak									
	Read									
	Write									



UPHULISO LWABANTU KUGALA

Email: info@ihlm.gov.za | Website: www.ihlm.gov.za

D. CURRENT EMPLOYMENT						
1. Name and Address of current Employer :						Code
2. Date of Appointment:		Position held:				
3. Salary Scale:						
4. Present Annual Earnings (Excluding allowances):						
E. QUALIFICATIONS (please ignore if you have attached CV with these details)						
Note: Certified copies of all educational certificates must be submitted. If not indicated on certificate(s), list(s) of all subject credits must be furnished.						
Name of School / Technical College		Highest qualification obtained			Year obtained	
Tertiary Education (complete for each qualification obtained)						
Name of Institution		Name of Qualification			Year obtained	
Current study (institution and qualification)						
F. MEMBERSHIP OF PROFESSIONAL BODIES, IF APPLICABLE						
Institution/Society		Commencement Year		Type of Membership e.g. Associate/Fellow		
G. WORK EXPERIENCE (please ignore if you have attached CV with these details)						
Employer	Position held	From		To		Reason for leaving
		MM	YY	MM	YY	
If you were previously employed in the local government sector, indicate whether any condition exists that prevents your re-employment.					Yes	No
If yes, provide the name of the previous employing Municipality.						
H. REFERENCES (please ignore if you have attached CV with these details)						
Indicate details of three (3) persons who may be approached for information on your personal qualities and suitability for the post. Please ensure that complete particulars are furnished. Referees will be contacted prior to finalisation of appointment.						
Name		Relationship			Telephone Number (office hours)	
I. DECLARATION						
I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.						
Signature:				Date:		

1 – This information is required to enable the Municipality to comply with the Employment Equity Act, 1998.

2 – This information will only be taken into account if it directly relates to the requirements of the position.

