



## AANSOEK OM BETREKING - APPLICATION FOR EMPLOYMENT

### VERTROULIK / CONFIDENTIAL

**LET WEL/PLEASE NOTE:**

<p>(a) Voltooi vorm in u eie handskrif met 'n swart pen.</p> <p>(b) 'n Aparte aansoekvorm word vir elke aansoek vereis.</p> <p>(c) Gesertifiseerde afskrifte van relevante opvoedkundige kwalifikasies/sertifikate moet aangeheg word.</p> <p>(d) Alle vrae moet volledig beantwoord word. Dit geld ook vir werknemers van Breedevallei Munisipaliteit.</p> <p>(e) Onvolledige of verkeerde inligting kan 'n applikant diskwalifiseer.</p> <p>(f) Gunsverwing sal 'n applikant diskwalifiseer.</p> <p>(g) Indien u tans by die Breedevallei Munisipaliteit werk, verskaf asseblief u personeelnommer.</p>	<p>(a) Complete form in own handwriting with a black pen.</p> <p>(b) A separate application form is required should you apply for more than one position.</p> <p>(c) Certified copies of relevant educational qualifications/certificates should be attached.</p> <p>(d) All questions must be answered in full. This also applies to employees of the Breede Valley Municipality.</p> <p>(e) Incomplete or incorrect information could disqualify an applicant.</p> <p>(f) Canvassing for appointment will disqualify the applicant.</p> <p>(g) If currently employed by the Breede Valley Municipality, please indicate your personnel number.</p>
---	--

**INTERNE AANSOEKERS: PERSONEEL NO.**

**INTERNAL APPLICANTS: PERSONNEL NR.: .....**

Aansoek om betrekking as: Position applied for: .....	Verwysingsno. Ref.no. ....	
--	-------------------------------	--

**PERSOONLIKE BESONDERHEDE/PERSONAL PARTICULARS:**

Titel/Title: Mnr/Mr; Me/Ms Ander/Other: .....		Van/Surname: .....								
Voorname (voluit)/ First names (in full): .....					Bekend as/ Known as: .....					
Woonadres/ Residential address: .....				Posadres/ Postal address: .....						
Poskode/ Postal code: .....				Poskode/ Postal code: .....						
Kontaknommers/ Contact numbers: .....		Huis/Home Werk/Work			Sel/Cell					
Meld asb. die besonderhede van 'n alternatiewe kontakpersoon indien u nie by bogenoemde nommers beskikbaar is nie./Kindly furnish the name of an alternative contact person in the event of you not being attainable at the above numbers:										
Naam/Name: .....				Kontak no./Contact no. ....						
Is u 'n Suid-Afrikaanse burger? JA/NEE Are you a South African citizen? YES/NO			Geboortedatum/Date of birth: .....			Identiteitsnommer/Identity number				
Huistaal/Home language:										
Taalvaardigheid/ Language proficiency		Afrikaans			English			Xhosa		
Merk met X/Mark with X		Good	Fair	Weak	Good	Fair	Weak	Good	Fair	Weak
Skryf/Write										
Lees/Read										
Praat/Speak										
Verstaan slegs/Understand only										
Ander tale/Other languages:										
Besit u 'n bestuurderslisensie?/ Are you in possession of a driver's licence?		YES	NO	Datum uitgereik:/ Date issued: .....			Tipe/ Type: .....			
Was u al ooit skuldig bevind aan 'n kriminele oortreding wat 'n invloed mag hê op die pos waarvoor u aansoek doen? Have you ever been convicted of a criminal offence which may impact on the post you are applying for? (Merk met X/Mark with X)								J/Y	N	
Was u al ooit skuldig bevind aan 'n dissiplinere oortreding? Indien "Ja" meld asb tipe oortreding en datum. Have you ever been found guilty of a disciplinary offence? If "Yes", please state kind of offence and date. (Merk met X/Mark with X)								J/Y	N	

**GELYKE INDIENSNEMING MONITOR INLIGTING/EMPLOYMENT EQUITY MONITORING INFORMATION:**

Hierdie inligting word benodig om te verseker dat die Munisipaliteit aan die vereistes van die Wet op Gelyke Indiensneming, 1998 voldoen.  
This information is required to enable the Municipality to comply with the requirements of the Employment Equity Act, 1998

Ras/Race: Merk met X/Mark with X	Swart/African	Kleurling/Coloured	Indiër/Indian	Blank/White
Geslag/Gender: Merk met X/Mark with X	Manlik/Male		Vroulik/Female	
Ongeskiktheid/Disability: Merk met X/Mark with X	Ja/Yes		Nee/No	
Indien JA, voorsien asb. besonderhede van ongeskiktheid/ If YES, please provide details of disability.....				

**OPLEIDING/EDUCATION:**

Naam van skool/Name of school:		
Plek/Place:	Hoogste standerd geslaag/Highest standard obtained:	Jaar/Year:
Vakke geslaag/Subjects passed:		
1. ....	5. ....	
2. ....	6. ....	
3. ....	7. ....	
4. ....	8. ....	

**NASKOOLSE OPLEIDING/POST SCHOOL EDUCATION:**

Naam van inrigting en plek/ Name of institution and place	Tydperk bygewoon/Period attended		Kwalifikasie verwerf/ Qualification obtained:
	Van/From	Tot/To	
Vakke geslaag/Subjects passed			
1. ....	5. ....		
2. ....	6. ....		
3. ....	7. ....		
4. ....	8. ....		

**HUIDIGE STUDIES/CURRENT STUDIES:**

Indien u tans studeer, verskaf volledige besonderhede/If you are studying at present, give full particulars: Naam van inrigting/Name of Institution: ..... Registrasiedatum/Registration date:..... Kwalifikasie waarvoor geregistreer (Meld jaar)/Qualification registered for (Mention year): .....
---

**LEERLINGSKAP/VAKLEERLINGSKAP : LEARNERSHIP/APPRENTICESHIP:**

Ambag waarin gekwalifiseerd/ Trade qualified in:		Datum/ Date: .....	
Naam van werkgewer waar leerlingskap/vakleerlingskap voltooi is/ Name of employer where learnership/apprenticeship was completed:			
Vaktoets/ Trade test	Geslaag/ Passed	Nie geskryf/ Did not write	Nie geslaag Failed
Indien geslaag, meld kontraknr/ If passed, state contract no.		Datum/ Date:	

**ERKENNING VAN VORIGE GELEERDHEID / RECOGNITION OF PRIOR LEARNING:**

Meld duidelik enige relevante kennis en bekwaamheid verkry wat gekoppel kan word aan die vereistes soos geadverteer; State clearly any relevant knowledge and skills that can be linked to the requirements as advertised:	
Kennis van Knowledge of: .....	Bekwaam in Skilled in: .....
Lidmaatskap van Professionele Assosiasies/Instituut/Vereniging: Membership of Professional Associations/Institute/Association: .....	

Het u enige afhanklikheidsprobleem ten opsigte van medikasie, alkohol, dwelmmiddels, ens? Do you have any dependency regarding medication, alcohol, drugs, etc?	Ja / Nee Yes / No
Het u enige gesondheidsprobleem wat u werkverrigting kan belemmer? Do you have any health problems which could influence your job performance?	Ja / Nee Yes / No

**WERKSONDERVINDING/WORKING EXPERIENCE**

Is u tans werksaam? / Are you presently employed?	JA/YES	NEE/NO	Vroegste datum wanneer u diens kan aanvaar? / Earliest date on which you can assume duties?
Huidige/laaste werkgewer Current/last employer	Pos beklee/ Position held:	Aard van pligte/ Nature of duties:	Tydperk van Diens/ Period of service:
Naam/Name: .....	.....	.....	Van/From:.....
Adres/Address: .....	.....	.....	Tot/To:.....
Tel no. ....	.....	.....	Rede vir verandering: Reason for change:.....
Vorige werkgewer(s) Previous employer(s)	Pos beklee/ Position held:	Aard van pligte/ Nature of duties:	Tydperk van diens/ Period of service:
Naam/Name: .....	.....	.....	Van/From:.....
Adres/Address: .....	.....	.....	Tot/To:.....
Tel no. ....	.....	.....	Rede vir verandering: Reason for change:.....
Vorige werkgewer(s) Previous employer(s)	Pos beklee/ Position held:	Aard van pligte/ Nature of duties:	Tydperk van Diens/ Period of service:
Naam/Name: .....	.....	.....	Van/From:.....
Adres/Address: .....	.....	.....	Tot/To:.....
Tel no. ....	.....	.....	Rede vir verandering: Reason for change:.....

**KONTAKBARE VERWYSINGS/CONTACTABLE REFERENCES**

	NAAM / NAME	POSISIE / POSITION	MAATSKAPPY / COMPANY	TEL NO
1.				
2.				
3.				

Hiermee word gesertifiseer dat bogenoemde inligting na die beste van my wete juis en korrek is. Ek aanvaar dat, sou my aansoek suksesvol wees, enige inligting wat onwaar is, sal lei tot my onmiddellike ontslag. Alle relevante inligting met betrekking tot my aansoek is geopenbaar.

I hereby certify that the abovementioned information is to the best of my knowledge true and correct. I accept that, in the event of my application being successful, any information to the contrary will lead to immediate dismissal. All relevant information to assist in my application has been disclosed.

**HANDTEKENING VAN APPLIKANT/SIGNATURE OF APPLICANT:** .....

...../...../20.....