



Main Street
Creighton, 3263

P.O Box 62

Creighton 3263

Phone: +27 39 833 1038

Fax: +27 39 833 1539/1179

Email: mailbox@ndz.gov.za

A Better Place for All

DR NKOSAZANA DLAMINI ZUMA LOCAL MUNICIPALITY

APPLICATION FORM FOR TRAINING

TERMS AND CONDITIONS

1. The purpose of this form is to assist the municipality in selecting suitable candidates for an advertised training.
2. This form must be completed in full, accurately and legibly. All substantial information relevant to a candidate must be provided in this form. Any additional information may be provided on the CV.
3. Candidates shortlisted for interviews may be requested to furnish additional information that will assist the municipality to expedite recruitment and selection processes.
4. All information received will be treated with strictly confidentiality and will not be used for any other purpose than to assess the suitability of the applicant.

A. DETAILS OF THE ADVERTISED Training (as reflected in the advert)

Advertised training applying for	
Name of the Municipality	

B. PERSONAL DETAILS

Surname				
First Names				
ID				
Gender	Male		Female	
Race	African	Coloured	Indian	White
Do you have a disability?	Yes		No	
If yes, elaborate				

C. CONTACT DETAILS

Telephone number during office hours	()
Mobile phone number	
Postal address	
	Code:
Email Address	
Preferred language for communication	

D. QUALIFICATIONS (Additional information may be provided on your CV)

Highest educational qualification obtained			
Name of School	Highest Grade	Year Obtained	
Highest Tertiary qualification obtained			
Name of Tertiary Institution	Name of Qualification	NQF Level	Year Obtained

E. CRIMINAL RECORD		
Were you 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 finalized		
Outcome/ Judgement		

F. DECLARATION	
<p>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.</p>	
Applicant Signature:	Date:
Ward Councilor Signature:	
Ward Councilor Stamp	