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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

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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

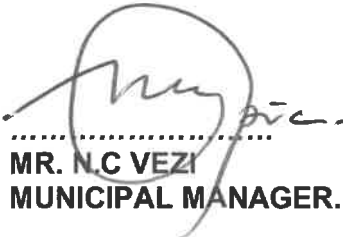
I hereby declare that all the information provided in this application and any attachments in support thereof is to the best of my knowledge true and correct. I understand that any misrepresentation or failure to disclose any information may lead to my disqualification or termination of my employment contract, if appointed.

Applicant Signature:

Date:

Ward Councillor Signature:

Ward Councillor Stamp



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MR. N.C VEZI
MUNICIPAL MANAGER.