



CAPRICORN DISTRICT MUNICIPALITY

41 Biccard Street, Polokwane, Limpopo

CONTACT DETAILS
Capricorn District Municipality
PO Box 4100, Polokwane, 0700
Limpopo, RSA

+27 (15) 294 100(T)
+27 (15) 294 5346(F)
www.cdm.gov.za (website)

APPLICATION FOR EMPLOYMENT

1. DIRECTIONS

- Complete this form, all substantial information relevant to a candidate must be provided in this form. Any additional may be provided on the CV.
- All information received will be treated with strictly confidential and will not be used for any other purpose than to assess the suitability of the applicant.
- Copies of certificates and other documents must be submitted with this application form (Original copies to be submitted on the date of the interview)
- All questions must be answered in full, even for internal employees of the Municipality.

2. POSITION VACANT

Designation:	Department:
--------------	-------------

3. PERSONAL PARTICULARS

Dr/Prof	Mr.	Mrs.	Miss	Male	Female
Maiden Name:			Surname:		
Christian Names:				Language:	
Date of birth:		Age:		ID No:	
Citizenship:		Population Group:		Number of Dependents:	
Marital Status	Single	Married	Divorced	Widower	Widow
Postal Address		Tel (Home/Cell) Tel (Work)		Other means of contact	

4. LANGUAGE PROFICIENCY

INDICATE PROFICIENCY AS "GOOD", "FAIR", "POOR" OR "NONE"			
Language	Read	Write	Speak
Afrikaans			
English			
Other			

5. EDUCATION

Highest Grade passed:	School:	Year:
Subjects Passed:		
1.....	6.....	
2.....	7.....	
3.....	8.....	
4.....	9.....	
5.....	10.....	

6. POST-SCHOOL EDUCATION

Name of the Institution	From	Period TO	Qualifications Obtained
Subjects passed:			
1.....	6.....		
2.....	7.....		
3.....	8.....		
4.....	9.....		
5.....	10.....		

7. FURTHER STUDIES

Are you currently studying?	Yes	No	Do you intend to study	Yes	No		
Details of your studies:							
Any training not yet listed:							
Driver's License:							
Code A	Code A1	Code B	Code C1	Code C	Code EB	Code EC1	Code EC

8. EXPERIENCE

Company/Institution	Position held	Period	Reason for termination of services

9. EMPLOYMENT PARTICULARS

Are you currently employed?		If not, state period unemployed:	
When can you assume duty?			
Do you have any disabilities?		If yes, state the nature of the disability:	
Have you previously applied for a position at Capricorn District Municipality?			
Were you previously employed by this Municipality, if so, furnish particulars:			

10. REFERENCES

Name two Persons at your previous employer(s) to whom confidential references may be made.		
Name and Surname	Tel/Cell Number	Occupation
1)		
2)		

11. GENERAL

• Do you have any criminal record and/ or pending criminal offenses?	
• Do you any pending disciplinary case?	
• Were you previously found guilty of any misconduct?	
• Do you hold any political office in a political party, whether in a permanent, temporary or acting capacity? If yes, provide the information below	

NB: According to the amended Municipal Systems Amendment Act of 2022, Section 71B, thus read: 'Limitation of political rights 71B. (1) A staff member may not hold political office in a political party, whether in a permanent, temporary or acting capacity. (2) A person who has been appointed as a staff member before subsection (1) takes effect, must comply with subsection (1) within one year of the commencement of subsection (1).'

12. FOR INFORMATION

- a. Certified copies of your qualifications must be attached (certificates, diplomas, degrees, etc.)
- b. If an applicant is invited to attend an interview at the expense of the municipality and such applicant, is offered the position and later refuses acceptance thereof, the Municipality shall be entitled to claim reimbursement of all traveling and subsistence allowance paid to such an applicant.
- c. The Municipality shall also be entitled to claim advertising expenses from any applicant who has been offered a position, accepts it and later refuses it or does not resume duties.
- d. Any person canvassing with a view to being appointed to a post in the Municipality's service shall not be considered for appointment to such post.

13. DECLARATION

I declare that the above particulars are, to the best of my knowledge true and correct, and understand and accept that if I am appointed, my appointment will be subjected to the provisions of the Service Conditions and Policy of the Municipality and any applicable legislation.

Signature:.....

Date:.....

FOR OFFICE USE ONLY

Appointment	Promotion	Transfer	Temporary	Job Id No.
Designation:..... Department:.....				
From: Notch:.....				
Job Level: Days leave:				
Fringe benefits:				
Approved:		
DEPARTMENTAL HEAD		MUNICIPAL MANAGER		