

Collins Chabane Local Municipality Traffic Trainee Application Form

Direction to Candidates:		1. Post details							
1. Applications on form with full particulars of the		Position applying for:							
	applicants' training, qualifications, skills, competencies, knowledge and experience (on a	Reference no:							
		Ward No:							
	separate sheet or a CV).	2. Personal details							
 Applicants must indicate post name and where necessary a reference 		First Names							
	number of the vacancy in their applications.	Surname							
3.	Applicants requiring additional information regarding an advertised post, must direct their enquiries	Date of Birth							
		ID Number							
	to Lim 345 Corporate Services Department.	Do you have a drivers'	Yes	No					
1	Applications should be	license?		-	Code:		License N		
4.	forwarded in time to the Municipality since applications received after the closing date will not be accepted.	Gender	Male	Female	Are you a PreviouslyYesDisadvantaged Individual?			No	
		Are you disabled?	Yes	No	Nature of disability:				
		Are you a South African	Yes	No	If no, state your Nationality:				
SPECIAL NOTES:		Citizen?			Do you hav permit?	e a valid	work	Yes	No
1. Lim 345 Local Municipality subscribes to the principles of National		3. Contact details							
		Postal Address							
	norms and standards relating to employment equity. We assure you that your opportunity for employment with this Municipality depends solely on your qualifications.	E-mail							
		Telephone							
		Cell							
		Fax							
2.	Please note that								
canvassing and lobbying will automatically		4. Language Proficiency							
	disqualify your application	Language							
		Speak							
		Read							
			1						

	Write		



		Contraction of the local division of the loc		
	5. Educati	onal qualifications		
	5.1 Te	rtiary Education		
Name of Institution		Qualifications	Year Obtained	
	5.2 Sec	ondary Education		
Highest Standard Passed		cemption Yes/No	Year Obtained	
	8. De	claration		
I declare that all the information provid knowledge. I duly authorize credential ve professional membership, employment license and fraud prevention checks. I ur disqualified or discharged if I am appoin	erification types history, employ nderstand that fa	including, but are not lin ment references, consu	mited to, educational qualifications, mer credit, criminal record, drivers'	
Signature:		Date:		

Date:

Return address: Private bag X9271 Malamulele 0982, Tel: 015 851 0110; Fax: 015 851 0097