

Collins Chabane Local Municipality Learnership Application Form

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

Write		



	5. Educati	onal qualifications					
5.1 Tertiary Education							
Name of Institution		Qualifications	Year Obtained				
	E 2 Sec.	ondary Education					
	5.2 500	ondary Education					
Highest Standard Passed		cemption Yes/No	Year Obtained				
	8. De	claration					
I declare that all the information provided knowledge. I duly authorize credential veri professional membership, employment his license and fraud prevention checks. I und disqualified or discharged if I am appointe	fication types story, employ erstand that fa	including, but are not lin ment references, consu	mited to, educational qualifications, mer credit, criminal record, drivers'				
Signature:		Date:					

Return address: Private bag X9271 Malamulele 0982,

Tel: 015 851 0110; Fax: 015 851 0097