KAROO HOOGLAND MUNISIPALITEIT MUNICIPALITY
'n Amalgamasie van Fraserburg, Sutherland, Williston & omliggende landelike gebiede
An amalgamation of Fraserburg, Sutherland, Williston and surrounding rural areas

Privaatsak / Private Bag X03
WILLISTON, 8920
t. 053 3913 003 // f. 053 3913 294
e. hr@karoohoogland.gov.za
www.karoohoogland.gov.za

NAVRAE: ENQUIRIES: Adv DM Malan

VERW.NR.: REF. NO.: 9.3.R

DETAILS OF THE ADVERTISED POST (as reflected in the advert)	
Advertised post applying for	
Reference number	
Notice service period	

PERSONAL DETAILS								
Surname								
Names								
ID or Passport Number								
Gender	Male				Female			
Race	African		White		Coloured		Indian	
Do you have a valid driver's licence (please specify code)								
Have you been convicted of any criminal offence in a court of law or been dismissed for misconduct? If yes, please provide details								
Do you have a disability?	Yes		No		If yes, please provide details:			
Are you a South African Citizen?	Yes		No		If no, what is your nationality?			

CONTACT DETAILS		
Telephone number during office hours	( )	
Cell phone number		
Postal address		
		Code:
Email address		
Preferred language of communication		

QUALIFICATIONS (if not included on your cv)		
Highest educational qualification obtained		
Name of School	Highest Grade	Year obtained

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QUALIFICATIONS (if not included on your cv)			
Highest tertiary qualification obtained			
Name of Institution	Name of qualification	NQF level	Year obtained

WORK EXPERIENCE (if not included on your cv)						
Employer (starting with the most recent)	Post held	From		To		Reason for leaving
		Month	Year	Month	Year	

REFERENCES (if not included on your cv)				
Name of Referee	Relationship	Tel (office hours)	Cell phone number	Email

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 of my candidature or falsification of information may lead to my disqualification or termination of my employment contract, if appointed.	
Signature:	Date: