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30 Rhodes Avenue, Oranjesig
 Bloemfontein, 9300

APPLICATION FOR EMPLOYMENT

| | |
|--|---|
| (a) Complete in own handwriting (b) Mark the appropriate block with an "X" (c) Shaded fields are COMPULSORY and must be completed before the application will be considered | (d) Attach certified copies of ID, drivers' licence, qualifications as well as CV (if any) – NO ORIGINALS PLEASE (e) Answer all questions in full |
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1. PARTICULARS OF POSITION APPLIED FOR:

| | | |
|----------------|---------------------|---------------------|
| REF NR: | DESIGNATION: | DIRECTORATE: |
|----------------|---------------------|---------------------|

2. PERSONAL PARTICULARS (Please attach certified copy of ID):

| | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|--------|--|-------------------|--|-----|----|--|--|--|--|-----------------------|--|--------------|--|--|--|--|--|--|--|--|--|
| Surname: | | | | Full Names: | | | | | | | | | | | | | | | | | | | |
| Citizenship: | | | | Population Group: | | | | ID Nr | | | | | | | | | | | | | | | |
| Gender: | | FEMALE | | Disabled: | | YES | NO | If answered "YES", what is the Nature of Disability: | | | | | | | | | | | | | | | |
| Permanent Address: | | | | | | | | | | | | Postal Address: | | | | | | | | | | | |
| Work number: | | | | | | | | | | | | Cell number: | | | | | | | | | | | |
| Another contact nr. | | | | | | | | Drivers Licence Code: | | | | | | Date issued: | | | | | | | | | |

3. EDUCATION (Please attach certified copies of senior certificate/qualifications):

| Highest Grade: | Year: | Name of School: | | | | | |
|---|-------------|-------------------------|--------------|---|-------------|--------------|--------------|
| Post School Education – Name of Institution | Date | Qualification obtained: | | | | | |
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| | | | | | | | |
| Language Proficiency (state good/fair/none): | Read | Write | Speak | Language Proficiency (state good/fair/none): | Read | Write | Speak |
| Afrikaans | | | | Tswana | | | |
| English | | | | Xhosa | | | |
| Sotho | | | | Other (specify) | | | |

4. WORKING EXPERIENCE

| Employer | Position | Period | Reason for leaving |
|----------|----------|--------|--------------------|
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| | | | |
| | | | |
| | | | |

| References – Name and occupation | Contact number |
|----------------------------------|----------------|
| 1. | |
| 2. | |

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

Signature:..... Date:

| | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|
| Pay number (if employed by MMM) | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|