



**EPWP / TYDELIKE WERKER WERKLOSE DATABASISVORM**  
**EPWP / TEMPORARY WORKER UNEMPLOYED DATABASE FORM**

Rig alle korrespondensie aan Die Munisipale Bestuurder  
Address all correspondence to The Municipal Manager  
Privaatsak / Private bag X560  
Beaufort West  
6970  
Tel: (023) 449-1000

**POSISIE WAARVOOR AANSOEK DOEN / POSITION APPLYING FOR:**

**BELANGRIK / IMPORTANT**

Geliewe hierdie vorm te voltooi en terug te stuur na Menslike Hulpbronne Kantoor.  
Please complete this form and return to Human Resources Office.

VOLLE NAME EN VAN  
FULL NAME AND SURNAME: \_\_\_\_\_

FISIESE ADRES  
PHYSICAL ADDRESS: \_\_\_\_\_

DORP EN WYKNOMMER  
TOWN AND WARD NUMBER: \_\_\_\_\_

TELEFOONNOMMER  
TELEPHONE NUMBER:(H) \_\_\_\_\_ (C) \_\_\_\_\_

IDENTITEITNOMMER  
IDENTITY NUMBER: \_\_\_\_\_

GESLAG  
GENDER: \_\_\_\_\_

RAS  
RACE: \_\_\_\_\_

GESONDHEIDSTOESTAND  
CONDITION OF HEALTH: \_\_\_\_\_

Het u enige liggaamlike gebreke? Do you have a physical disability (disable)?  
Indien wel, verstrek besonderhede / If so provide details:

\_\_\_\_\_



Is u al ooit skuldig bevind aan 'n kriminele oortreding?  
Have you ever been convicted of a criminal offence? \_\_\_\_\_

Is u al ooit uit enige betrekking ontslaan?  
Have you ever been dismissed from any position? \_\_\_\_\_

Naam en verwantskap van familielede in hierdie raad se diens (**Raadslid / Amptenaar**) / *Name and relation of relatives in the service of this council (Councillor / Official)*

Besit u 'n geldige bestuurlicensie? / Do you have a valid driver's licence? YES

NO

Tipe lisensie

Heg gesertifiseerde afskrif aan

Type license

Attach a certified copy

### **Huishoudelike Besonderhede / Household particulars:**

Aantal mense in huishouding

Number of people in household: \_\_\_\_\_

Aantal afhanklikes

Number of dependents: \_\_\_\_\_

Aantal kinders wat skool gaan

Number of children attending school: \_\_\_\_\_

Ontvang u enige toelaag bv. gestremdheid-, kindertoelaag ens.?

Do you receive any social grants i.e. disability, child support etc.? \_\_\_\_\_

### **Kwalifikasies / Qualifications**

#### **SKOOLOPLEIDING / SCHOOL EDUCATION**

SCHOOL CERTIFICATE	DATUM/ DATE	INRIGTING / INSTITUTION

#### **TERSIERE OPLEIDING / TERTIARY EDUCATION**

GRAAD/ DIPLOMA	DATUM/ DATE	INRIGTING / INSTITUTION

#### **VAARDIGHEDE / SKILLS / WERKSERVARING / WORK EXPERIENCES**

TIPE VAARDIGHEDE / TYPE OF SKILLS	TYDPERK DAT VAARDIGHEID BEOEFEN IS / PERIOD THAT SKILLS HAVE BEEN PRACTICED

#### **VERWYSINGS / REFERENCES**

NAAM EN VAN / NAME AND SURNAME	NAAM VAN ORGANISASIE / NAME OF ORGANISATION	TELEFOON NOMMER / TELEPHONE NUMBER

Hierby word verklaar dat die inligting wat hierbo verskaf is, in alle opsigte juis en waar is. // I hereby declare that all information furnished above is correct and true in all respects.

**HANDTEKENING / SIGNATURE** \_\_\_\_\_ **DATUM/ DATE** \_\_\_\_\_