



UNEMPLOYED LEARNERSHIP

APPLICATION FOR EMPLOYMENT

Private Bag X52 Malmesbury 7299

Tel no (022) 487 9400

E-mail: swartlandmun@swartland.org.za

1. DIRECTIONS

- (a) The purpose of this form is to assist Swarthland Municipality in selecting suitable unemployed candidates for a learnership in line with the SETA and Skills Development Act requirements.
- (b) This form must be completed in full, accurately and legibly. All substantial information relevant to an applicant must be provided in this form.
- (c) Candidates shortlisted for interviews may be requested to furnish additional information that will assist municipalities to expedite recruitment and selection processes.
- (d) All information received shall be treated with strict confidentiality and shall not be used for any other purpose than to assess the suitability of the applicant.
- (e) Original certificates and other documents must not be submitted with this application.
- (f) All questions must be answered in full.

2. DETAILS OF THE ADVERTISED POST (as reflected in the advertisement)

Name of the Municipality	SWARTLAND MUNICIPALITY
Advertised post applying for	LEARNERSHIP UNEMPLOYED YOUTH
Reference Number	LNS01
Notice service period	

3. PERSONAL DETAILS

Dr	Mr	Mrs	Miss	Male	Female	Married	Single	Divorced	Widower	Widow
SURNAME								PREVIOUS SURNAME		
First names (in full)						Preferred Language of Communication				
Date of Birth				Age		Identity number				
Race		African		White		Coloured		Indian		
Do you have a disability?		Yes	No	If yes, state the particulars thereof:						
Are you a South African Citizen?		Yes	No	If not, what is your nationality?						
				Do you have a valid work permit?			Yes	No		
Is any of your family in the service of this municipality? If yes, state the name of the person and relationship.						Yes		No		
						Name:				
						Relationship:				

4. CONTACT DETAILS

Postal Address		Tel no during office hours	()
Erf number		Mobile phone no	
E-mail Address			

5. HOUSEHOLD INFORMATION

REGISTERED AS INDIGENT HOUSEHOLD WITH SWARTLAND MUNICIPALITY? If you are registered as an indigent household, you must attach a copy of the municipal account as well as a sworn affidavit that you reside at this address and is part of the indigent household.	Yes		No	
How many people are residing at the abovementioned address?				
How many people are employed this household?				
How many dependents are in this household?				
How many learners are in this household?				

6. QUALIFICATIONS

Highest educational qualification obtained (Attach copies of certificates)

Name of School		Highest Grade obtained			Year obtained	
Subjects passed	Grade	Symbol	Subjects passed	Grade	Symbol	
1.			5.			
2.			6.			
3.			7.			
4.			8.			

Highest Tertiary Qualification obtained (Attach copies of certificates)

Name of Institution	Name of Qualification	NQF Level	Year obtained
1.			
2.			
3.			

Apprenticeship (Attach copy)

Trade	
Period of Apprenticeship	
At which firm did you complete your Apprenticeship?	

Further formal studies

Are you currently busy with further formal studies?	Yes		No	
If yes, state the name of the qualification				
Expected date of completion				

Drivers licence (Attach copy)

Motorcycle <125cc	Motorcycle >125cc	Light vehicle		Heavy vehicle		Extra heavy vehicle		Licence number	
Code A1	Code A	Code B	Code EB	Code C	Code C1	Code EC	Code EC1	Period valid	
								Learners licence	

Language proficiency:

In the schedule below indicate your proficiency as **Good, Fair, Poor** or **None**.

	Afrikaans	English	Xhosa	Other:
Write				
Read				
Speak				

Computer proficiency:

In the schedule below indicate your proficiency as **Good, Fair, Poor** or **None**.

Microsoft Word	Microsoft Excel	MS PowerPoint	E-mail	Other:

7. WORK EXPERIENCE

Have you previously been employed in a Learnership programme with Swartland Municipality? If so, indicate the posts in the table below.

Employer (starting with the most recent)	Post held	From		To		Reason for leaving
		Month	Year	Month	Year	
1.						
2.						
3.						

OTHER WORK EXPERIENCE

In the schedule below indicate all the posts (not Learnerships) you have held in chronological order, your current or last post first.

Employer (starting with the most recent)	Post held	From		To		Reason for leaving
		Month	Year	Month	Year	
1.						
2.						
3.						
4.						

8. DISCIPLINARY RECORD

Have you been dismissed for misconduct during the past ten (10) years?	Yes		No	
If yes, Name of Municipality/Employer				
Type of Misconduct/Transgression				
Date of Resignation/Disciplinary case finalised/Dismissal				
Award/Sanction				
Have you been accused of an alleged misconduct and resigned from your job pending finalization of the disciplinary proceedings?	Yes		No	

9. CRIMINAL RECORD

Have you been convicted of any criminal offence in a court of law during the past ten (10) years?	Yes		No	
If yes, type of criminal act:				
Date criminal case finalised				
Outcome/Judgment				

10. REFERENCES

Name of Referee	Relationship	Tel (office hours)	Cell phone number	E-mail

11. ALGEMEEN / GENERAL

TAX NUMBER: Appointments is not made without a valid tax number.	
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12. CHECKLIST

Are copies of the following attached? (Mark appropriate block)

Identity Document		Qualification Certificates	
Drivers licence		School Certificate	
Last Payslip		Did I complete all sections of the application form?	
Municipal Account		SARS Tax Number	

13. 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 or failure to disclose any information may lead to my disqualification or termination of my learnership contract, if appointed.
- CONSENT** for the processing of personal information in terms of the Protection of Personal Information Act, Act 4 of 2013 ('POPIA')

I hereby authorise Swartland Municipality to use, review and process any personal information (as defined in POPIA) provided in this form in support of the application made hereby.

I understand my right to privacy and the right to have my personal information processed in accordance with the conditions for the lawful processing of personal information and hereby give my consent to the Swartland Municipality to collect, process, store and distribute relevant personal information where the Municipality may be required to do so, solely in respect of this application, and to dispose of such personal information as required by law, on the understanding that the Municipality:

- implements reasonable security safeguards designed to protect personal data from loss, misuse, alteration, destruction or damage; and
- takes steps to limit access to personal data to those officials who need to have access to it.

Signature of Applicant

Date