

**Munisipaliteit****BERGRIVIER****Municipality**

Rig alle korrespondensie aan:

Die Munisipale Bestuurder

Address all correspondence to:

The Municipal Manager

✉ 60

PIKETBERG

7320



☎ (022) 913 1126

☎ (022) 913 1380

E-pos/E-mail:

[bergmun@telkomsa.net](mailto:bergmun@telkomsa.net)

Webtuiste/Website:

[www.bergmun.org.za](http://www.bergmun.org.za)

**AANSOEK OM REGISTRASIE OP DATABASIS : TYDELIKE PERSONEEL  
APPLICATION FOR REGISTRATION ON DATABASE : TEMPORARY STAFF**

(Dui aan met X / Mark with X)

ALGEMENE WERK/ GENERAL WORK	KLERKLIKE WERK/ CLERICAL WORK

**STRENG PRIVAAT EN VERTROULIK**  
**STRICTLY PRIVATE AND CONFIDENTIAL**

**BELANGRIK / IMPORTANT**

*Geliewe hierdie vorm te voltooi en terug te stuur aan:  
Please complete this form and return to:*

**Die Menslike Hulpbrondienste Departement, Posbus 60, PIKETBERG, 7320  
The Human Resource Department, P O Box 60, PIKETBERG, 7320**

**VOLLE NAAM EN VAN (APPLIKANT)**  
**FULL NAME AND SURNAME (APPLICANT)**

<b>JA</b>	<b>NEE</b>	<b>GEREGISTREER AS HULPBEHOEWENDE HUISHOUDING BY BERGRIVIER MUNISIPALITEIT</b> <i>* INDIEN U GEREGISTEER IS AS HULPBEHOEWENDE HUISHOUDING MOET U 'N AFSKRIF VAN DIE MUNISIPALE REKENING AANHEG, ASOOK 'N BEËDIGDE VERKLARING DAT U BY HIERDIE ADRES WOONAGTIG IS EN DEEL IS VAN DIE HULPBEHOEWENDE HUISHOUDING.</i>
<b>YES</b>	<b>NO</b>	<b>REGISTERED AS INDIGENT HOUSEHOLD WITH BERGRIVIER MUNICIPALITY</b> <i>* IF YOU HAVE BEEN 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.</i>

(2)

1. ADRES  
ADDRESS : \_\_\_\_\_

2. KONTAK BESONDERHEDE:  
CONTACT DETAILS:      Werk Office: \_\_\_\_\_      Huis Residence: \_\_\_\_\_  
Sel. Cell: \_\_\_\_\_      E-pos E-mail: \_\_\_\_\_

3. GEBOORTEDATUM  
DATE OF BIRTH : \_\_\_\_\_

4. IDENTITEITSNOMMER  
IDENTITY NUMBER : \_\_\_\_\_

5. (Dui aan met X / Mark with X)

ONGETROUD / SINGLE		GETROUD / MARRIED		GESKEI / DIVORCED	
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MANLIK / MALE		VROULIK / FEMALE	
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SWART / BLACK		BRUIN / COLOURED	
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WIT / WHITE		INDIËR / INDIAN	
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<input type="checkbox"/>	S A BURGER (van geboorte) / S A CITIZEN (by birth)
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<input type="checkbox"/>	S A BURGER (deur naturalisasie) / S A CITIZEN (by naturalisation)
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<input type="checkbox"/>	VREEMDELING / FOREIGNER
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7. GESONDHEIDSTOESTAND  
CONDITION OF HEALTH : \_\_\_\_\_

\* Het u enige liggaamlike of geestelike gebreke of ernstige of chroniese siektes?

\* Do you have any physical or mental disorders or serious or chronic diseases?

Indien wel, verstrek besonderhede

If so, furnish particulars : \_\_\_\_\_

8. KWALIFIKASIES / QUALIFICATIONS

(A) SKOOLOPLEIDING / SCHOOL EDUCATION

GRAAD GRADE	DATUM DATE	INRIGTING INSTITUTION	VAKKE GESLAAG SUBJECTS PASSED

(B) TERSIËRE OPLEIDING / TERTIARY EDUCATION

GRAAD / DIPLOMA DEGREE / DIPLOMA	DATUM DATE	INRIGTING INSTITUTION	VAKKE GESLAAG SUBJECTS PASSED

(3)

**(C) MELD BESONDERHEDE VAN ENIGE ANDER KWALIFIKASIES  
STATE PARTICULARS OF ANY OTHER QUALIFICATIONS**


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**BESTUURDERSLISENSIE: JA/NEE****KODE:** \_\_\_\_\_**DRIVERSLICENCE: YES/ NO** \_\_\_\_\_**CODE:** \_\_\_\_\_**9. TAALVAARDIGHEID / LANGUAGE PROFICIENCY (Dui aan met X / Mark with X)**

TAAL / LANGUAGE	PRAAT / SPEAK	LEES / READ	SKRYF / WRITE
AFRIKAANS			
ENGELS / ENGLISH			
ANDER / OTHER			

**10. WERKSONDERVINDING / WORK EXPERIENCE**

- \* *Begin met huidige/jongste werksondervinding*  
\* *Begin with recent work experience*

INSTANSIE/COMPANY	POSISIE BEKLEE/ POSITION	TYDPERK/ PERIOD	REDE VIR DIENS- BEËINDIGING/ REASON FOR TERMINATION OF SERVICE

**11. ALGEMEEN/ GENERAL (Dui aan met X / Mark with X)**

Are any of your relatives employed by the council or is a councillor? Is enige van u familie in diens van die raad of 'n raadslid?	Yes Ja		No Nee	
If "yes", state name, department & relationship Indien wel, meld naam, departement & verwantskap				
Have you ever been convicted of a criminal offence? Is u voorheen skuldig bevind aan 'n kriminele oortreding?	Yes Ja		No Nee	

*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 are in all aspects correct and true.*

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

**NOTA /NOTE:** *Enige valse verklarings kan lei tot summiere diskwalifikasie.  
Any false/untrue statements will lead to immediate disqualification.*