

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

Webtuiste/Website:

www.bergmun.org.za

**AANSOEK OM REGISTRASIE OP DATABASIS
APPLICATION FOR REGISTRATION ON DATA BASE**

(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)**

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

DATUM / DATE :

(2)

1. ADRES
ADDRESS

: _____

2. KONTAK BESONDERHEDE:
CONTACT DETAILS:

Werk Office: _____ Huis Residence: _____

Sel. E-pos
Cell: _____ E-mail: _____

3. GEBOORTEDATUM
DATE OF BIRTH

: _____

4. IDENTITEITSNOMMER
IDENTITY NUMBER

: _____

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

ONGETROUD / SINGLE	<input type="checkbox"/>	GETROUD / MARRIED	<input type="checkbox"/>	GESKEI / DIVORCED	<input type="checkbox"/>
--------------------	--------------------------	-------------------	--------------------------	-------------------	--------------------------

MANLIK / MALE	<input type="checkbox"/>	VROULIK / FEMALE	<input type="checkbox"/>
---------------	--------------------------	------------------	--------------------------

SWART / BLACK	<input type="checkbox"/>	BRUIN / COLOURED	<input type="checkbox"/>
---------------	--------------------------	------------------	--------------------------

WIT / WHITE	<input type="checkbox"/>	INDIËR / INDIAN	<input type="checkbox"/>
-------------	--------------------------	-----------------	--------------------------

<input type="checkbox"/>	S A BURGER (van geboorte) / S A CITIZEN (by birth)
--------------------------	--

<input type="checkbox"/>	S A BURGER (deur naturalisasie) / S A CITIZEN (by naturalisation)
--------------------------	---

<input type="checkbox"/>	VREEMDELING / ALIEN
--------------------------	---------------------

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**

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 or acquaintances employed by the council or a councillor? Is enige van u familie of kennisse 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 respects correct and true.**

HANDTEKENING/SIGNATURE: _____

DATUM/DATE: _____

NOTA /NOTE:

*Enige valse verklarings kan lei tot summiere diskwalifikasie.
Any false/untrue statements will lead to summarily disqualification.*