

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
<input type="checkbox"/>	<input type="checkbox"/>

**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. **TELEFOONNOMMER: Woning** **Werk**
TELEPHONE NUMBER: Residence: _____ **Office:** _____

3. **GEBORTEDATUM**
DATE OF BIRTH : _____

4. **IDENTITEITSNOMMER**
IDENTITY NUMBER : _____

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

ONGETROUD / SINGLE	<input type="checkbox"/>	GETROUD / MARRIED	<input type="checkbox"/>	GESKEI / DIVORCED	<input type="checkbox"/>
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MANLIK / MALE	<input type="checkbox"/>	VROULIK / FEMALE	<input type="checkbox"/>
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SWART / BLACK	<input type="checkbox"/>	BRUIN / COLOURED	<input type="checkbox"/>
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WIT / WHITE	<input type="checkbox"/>	INDIËR / INDIAN	<input type="checkbox"/>
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S A BURGER (van geboorte) / S A CITIZEN (by birth)

S A BURGER (deur naturalisasie) / S A CITIZEN (by naturalisation)

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.