



## AANSOEK OM BETREKING/ APPLICATION FOR EMPLOYMENT

### 1. AANWYSINGS/DIRECTIONS

(a) Voltooi vorm in u eie handskrif. (b) Merk die toepaslike blokkie met 'n "X". (c) Oorspronklike sertifikate en ander dokumente moet nie met hierdie aansoek voorgelê word nie. (d) Alle vrae moet volledig beantwoord word, ook deur werknemers van die Laingsburg Munisipaliteit.	(a) Complete form in own handwriting. (b) Mark the appropriate block with an "X". (c) Original certificates and other documents must not be submitted with this application. (d) All questions must be answered in full. This also applies to employees of Laingsburg Municipality.
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### 2. BESONDERHEDE VAN BETREKING VERLANG/PARTICULARS OF POSITION APPLIED FOR

Posbenaming/	Departement/	Standplaas/
Designation: .....	Department: .....	Station: .....

### 3. PERSOONLIKE BESONDERHEDE/PERSONAL PARTICULARS

Dr	Mnr	Mev	Mej	Manlik	Vroulik	
Dr	Mr	Mrs	Miss	Male	Female	
<b>VAN/SURNAME</b>				<b>NOOIENSVAN/MAIDEN NAME</b>		
Voornam (voluit)/Christian Names (in full)						Huistaal/Home Language
Geboortedatum/Date of Birth:			Ouderdom/Age	Reisdokumente-/ Paspoort-/ Identiteitsnommer / Travel document- / Passport- Identity number		
			..... Jr/yrs .....mnde/mnth			
Burgerskap/Citizenship			Bevolkingsgroep/Population Group		Aantal afhanklike kinders / Number of dependent children:	
Huwelikstatus/ Marital Status.		Ongetroud / Single	Getroud / Married	Geskei Divorced	Wewenaar / Widower	Weduwee / Widow
Permanente Posadres / Permanent Postal Address			Tel. (Huis / Home)		Ander maniere van kontak indien geen telefoon / Other means of contact if no telephone:	
.....			.....		.....	
.....			Tel. (Werk / Work)		.....	
.....			.....		.....	
Is enige van u familie of kennisse indiens van die Raad?/ Are any of you relative or acquaintances employed by the Council?					Ja Yes	Nee No
Indien wel, meld Naam, Departement en Verwantskap / If "Yes", state Name, Department and Relationship: .....						
Militêre Diens / Military Service:					Tydperk / Period:	
Het u u basiese militêre opleiding voltooi? Have you completed your basic military training?				Ja Yes	Nee No	Van / ..... Tot/ From: ..... To: .....
Rang/Rank: ..... Indien vrygestel, meld rede/ If exempted, state reason: .....						
Wat is u toekomstige verpligtinge teenoor die Weermag?/ What are your future obligations towards the Defence Force? .....						
Taalvaardigheid/Language Proficiency:						
Dui in die tabel hieronder u vaardigheid aan as "Goed", "Redelik", "Swak" of "Geen" / In the schedule below, indicate proficiency as "Good", "Fair", "Poor" or "None"						
Taal/Language	Lees/Read	Skryf/Write	Praat/Speak	Hoogste Kwalifikasie/Highest qualification		
Afrikaans						
Engels/English						
Ander (Spesifiseer)/Other (Specify)						

**4. OPLEIDING/EDUCATION**

<b>SKOOL/SCHOOL</b>							
Hoogste standard geslaag / Highest standard obtained .....		Jaar/Year .....	Akademies/ Academical	Tegnies / Technical	Handel / Commerce	Prakties/ Practical	
Naam van Skool/ Name of School			Plek/ Place				
Vakke geslaag/Subjects passed:							
1. ....	.....	5. ....	.....	.....	.....	.....	
2. ....	.....	6. ....	.....	.....	.....	.....	
3. ....	.....	7. ....	.....	.....	.....	.....	
4. ....	.....	8. ....	.....	.....	.....	.....	
<b>NASKOOLSE OPLEIDING / POST SCHOOL EDUCATION</b>							
Naam van Inrigting en Plek/ Name and Place of Institution		Tydperk bygewoon/ Period attended		Kwalifikasie verwerf / Qualification obtained			
.....		Van/From	Tot/To	.....			
.....		.....	.....	.....			
.....		.....	.....	.....			
.....		.....	.....	.....			
Vakke geslaag (Hoogste vlak) / Subjects passed (Highest level)							
1. ....	.....	6. ....	.....	.....	.....	.....	
2. ....	.....	7. ....	.....	.....	.....	.....	
3. ....	.....	8. ....	.....	.....	.....	.....	
4. ....	.....	9. ....	.....	.....	.....	.....	
5. ....	.....	10. ....	.....	.....	.....	.....	
<b>VAKLEERLINGSKAP/APPRENTICESHIP</b>							
Ambag waarin gekwalifiseerd/ Trade qualified in:				Datum/ Date:			
.....				.....			
Naam van Maatskappy waar vakleerlingskap voltooi is/ Name of Company where apprenticeship was completed:							
.....							
Vaktoets/ Trade Test:		Geslaag Passed	Nie geskryf Did not write	Nie geslaag Failed	Indien geslaag meld/ If passed state: .....	Kontraknommer/ Contract number	Datum/ Date:
.....		.....	.....	.....	.....	.....	.....
<b>VERDERE STUDIE/FURTHER STUDIES</b>							
Studeer u tans of beplan u verdere studie? Are you studying at the moment or do you intend to? .....							
Besonderhede/ Particulars: .....							
.....							
<b>ANDER OPLEIDING/OTHER TRAINING</b>							
Enige opleiding nog nie gemeld nie/Any training not yet listed: .....							
.....							
Lidmaatskap van Instituut/Vereniging/ Membership of Institute / Association: .....							
Bestuurderslisensie/ Driver's Licence:		Ligte Voertuig/ Light Vehicle	Swaarvoer- tuig/ Heavy Vehicle	Ekstra Swaar voertuig / Extra Heavy Vehicle	Motorfiets bo 50cc / Motorcycle over 50cc	Ander (Spesifiseer)/ Other (Specify): ..... .....	
Datum van uitreiking/ Date issued: .....		.....		.....		.....	

**5. ONDERVINDING/EXPERIENCE**

HUIDIGE EN VORIGE BETREKKINGS BEKLEE (Begin met die laaste)					
PRESENT AND PREVIOUS POSITIONS HELD (Start with latest)					
Naam en adres van werkgewer Name and address of employer	Pos beklee Position held	Direkte Toesighouer Immediate Supervisor	Dienstydperk Period of Service	Loon/Salaris per Wage/Salary	Rede vir diensbeëndiging Reason for termination of service
			Van/From		
				week/maand/jaar	
		Tel.:	Tot/To	week/month/year	
			Van/From		
				week/maand/jaar	
		Tel.:	Tot/To	week/month/year	
			Van/From		
				week/maand/jaar	
		Tel.:	Tot/To	week/month/year	
			Van/From		
				week/maand/jaar	
		Tel.:	Tot/To	week/month/year	
			Van/From		
				week/maand/jaar	
		Tel.:	Tot/To	week/month/year	

Is u tans werksaam?/  
Are you employed at present? .....

Wanneer kan u diens aanvaar?  
When can you assume duty? .....

Het u voorheen om 'n betrekking by die Laingsburg Munisipaliteit aansoek gedoen?/  
Have you ever applied for a position at the Laingsburg Municipality? 

Ja/Yes	Nee/No
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Was u voorheen by hierdie Munisipaliteit in diens?  
Were you previously employed by this Municipality? 

Ja/Yes	Nee/No
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Indien nie, hoelank is u sonder werk?/  
If not, state period of unemployment: .....

Bruto salaris verlang /  
Gross salary required 

	per jaar year
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Indien wel, meld pos waarvoor u aansoek gedoen het/  
If so, state position applied for: .....

Het u enige kontraktuele verpligtinge teenoor u werkgewer? Indien wel, meld besonderhede/  
Do you have any contractual obligations towards your present employer? If so, furnish particulars .....

Noem 2 persone by u vorige werkgewers na wie vertroulik verwys kan word i.v.m u aansoek/  
Name 2 persons at your previous employers to whom confidential reference may be made concerning your application:

Naam/Name	Adres en Telefoonnommer / Address and Telephone Number	Beroep / Occupation

**6. GESONDHEIDSTOESTAND**

Het u enige liggaamsgebreke wat u aktiwiteite mag strem? Indien wel verstrek besonderhede.  
 Do you suffer any physical disability which may affect your activities? If so, give details.

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Het u ooit enige behandeling vir geestesgebreke gehad?  
 Have you ever had any treatment for mental defects?  
 Indien wel, verstrek besonderhede  
 If so, give details

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Meld algemene gesondheidstoestand  
 State general condition of health  
 NB - Aanstelling sal onderhewig wees aan voorlegging van 'n mediese sertifikaat van goeie gesondheid.  
 Appointment will be subject to submission of a medical certificate of good health.

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GEWOONTES:	Rook u?	Hoeveel per dag?
	Do you smoke? .....	How many per day? .....
HABITS:	Alkohol verbruik?	
	Use of alcohol? .....	

**7. ALGEMEEN/GENERAL**

Is u voorheen/Have you ever been -

(a) Skuldig bevind aan 'n kriminele oortreding? Convicted of a criminal offence?	Ja/ Yes	Nee/ No
(b) Ontslaan uit diens? Dismissed from employment?	Ja/ Yes	Nee/ No
Is enige kriminele saak teen u hangende? / Is any criminal case pending against you?	Ja/ Yes	Nee/ No

Indien wel, meld besonderhede op 'n aparte vel/If so, state particulars on separate sheet.

Is u insolvent of onder administrasie? / Are you insolvent or under administration?	Ja/ Yes	Nee/ No
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Indien wel, meld besonderhede op aparte vel/ If so, state particulars on separate sheet.

Is u lid van geregistreerde Mediese Fonds? / Are you a member of a registered Medical Aid Fund?	Ja/ Yes	Nee/ No	Tydperk/Period .....
Was u of is u tans lid van 'n Plaaslike Owerheid Pensioenfonds?/Have you ever been/ are you at present a member of a Local Government Pension Fund?	Ja/ Yes	Nee/ No	Tydperk/Period .....

Hoe het u van die betrekking verneem? How did the position come to your attention? .....

Indien in die Pers, watter koerant?/ If the Press, state which paper? .....

Meld die bedrag van u totale maandelikse finansiële verpligtinge soos skuld, huurkope, lenings, ens. State the amount of your total monthly financial commitments such as debts, hire purchases, loans, etc.	R.....
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**8. VERKLARING/DECLARATION**

Ek verklaar dat die voorafgaande besonderhede na die beste van my wete waar en juis is; verder verstaan en aanvaar ek dat indien ek aangestel word, my aanstelling onderworpe is aan die bepalings van die Diensvoorwaardes en Beleid van die Raad en enige toepaslike wetgewing.  
 I declare that the above particulars are, to the best of my knowledge true and correct and understand and accept that if I am appointed, my appointment will be subject to the provisions of the Conditions of Service and the Policy of the Council and any applicable legislation.

20..... Handtekening van applikant/Signature of applicant.....

**SLEGS VIR KANTOORGEBRUIK/FOR OFFICE USE ONLY**

Onsuksesvol/ Unsuccessful	Aanstelling Appointment	Bevordering Promotion	Oorplasing Transfer	Tydelik Temporary	Permanent Permanent
Posbenaming/Designation:.....		Departement/Department:.....		Afdeling/Division:.....	
Met ingang van/With effect form: 20.....		Kerf/Notch: R			
Goedgekeur/Approved: .....			Datum/Date: .....		

**MUN BESTUURDER**