

City of Johannesburg
 City Power Johannesburg
 Reg. No. 2000/030051/07

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APPLICATION FOR EMPLOYMENT (Internal and External) CONFIDENTIAL

PLEASE NOTE THE FOLLOWING:

1. This form must be completed in your OWN handwriting.
2. Originals of your identity document, testimonials, certificates and any qualifications must be produced to be registered when a job offer is made.
3. Your appointment is subject to passing a medical examination.
4. If after your appointment it is established that you have given false information you will be liable to instant dismissal.
5. The completed form must be sent to the relevant address.

APPLICANT			
INTERNAL		EXTERNAL	
Employee No: _____			
Place of work: _____			
Union: _____			
Dr / Mr / Ms (Surname & Initials): _____			
Position applied for: _____		Position No: _____	
As advertised in Newspaper / Circular: _____		Circular No: _____	
Date: _____			
WHAT PROMPTED YOU TO APPLY			
a) Advertisement	Name of newspaper: _____		
b) An employment bureau	Name of bureau: _____		
c) Recommended	Name of employee: _____		
d) Other	Give particulars: _____		

PERSONAL PARTICULARS

SURNAME: _____ MAIDEN NAME: _____

FIRST NAMES: _____ SEX: _____

HOME ADDRESS: _____

POSTAL ADDRESS: _____ POSTAL CODE: _____

TELEPHONE NUMBERS: HOME: (Code: _____) _____

BUSINESS: (Code: _____) _____

CELLULAR: (Code: _____) _____

IDENTITY NUMBER OR PERMANENT RESIDENCE PERMIT OR PASSPORT, IF NOT SA CITIZEN

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NATIONALITY: _____ COUNTRY OF BIRTH: _____

PERIOD OF RESIDENCE IN SOUTH AFRICA: _____

DATE OF BIRTH:

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YOUR AGE: _____

MARITAL STATUS:

Married

Single

Widower

Divorced

Widow

Legally Separated

NUMBER OF CHILDREN (indicate ages of children in years):

1st Child	2nd Child	3rd Child	4th Child	5th Child	6th Child

EDUCATIONAL QUALIFICATIONS

	SCHOOL	UNIVERSITY / TECHNIKON / COLLEGE / OTHER
Name of Institution		
Highest Qualification Obtained		
Subjects Passed		
Other Qualifications Obtained		
Present / Further Studies		
Membership of Professional Institutions		

LANGUAGE PROFICIENCY (INDICATE WHETHER: GOOD, FAIR, WEAK)

LANGUAGES	SPEAKING	READING	WRITING	HIGHER CERTIFICATE
ENGLISH				

MEDICAL FITNESS

FURNISH PARTICULARS OF ANY DISABILITIES: _____

FURNISH PARTICULARS OF ANY SERIOUS ILLNESS, OPERATIONS OR ACCIDENTS: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE (When applicable): _____

APPRENTICESHIP / TECHNICAL TRAINING

TRADE: _____ REGISTRATION NUMBER: _____

DATE ON WHICH APPRENTICESHIP WAS COMPLETED: _____

PERIOD OF APPRENTICESHIP OR TECHNICAL TRAINING: FROM: _____ TO: _____

PRESENT / LAST EARNINGS

ARE YOU CURRENTLY EMPLOYED: YES NO *If YES, please complete the following:*

BASIC SALARY AND OTHER EARNINGS PER MONTH

Basic Salary: R _____ Other Earnings: R _____

Overtime: R _____ Bonuses / Allowances: R _____

What commencing salary do you require? _____

When can you assume duties: _____

DATE

SIGNATURE

FOR OFFICE USE ONLY

Appointed as: _____ From: _____

Salary scale: _____ /R _____ Salary: _____

Grade: _____ Recommended: Initials, Surname: _____

Pay / Man No: _____ Code: _____

New Appointment

Promotion

Transfer

Demotion

Remarks: _____