

## WERKLOSE DATABASIS VORM UNEMPLOYED DATABASE FORM

Rig alle korrespondensie aan Die Munisipale Bestuurder  
Address all correspondence to The Municipal Manager  
Posbus / Po Box 51  
Bredasdorp  
7280  
Tel: 028 425 5500 \* Fax: 028 425 1019 \* E-pos / Email: [recruitment@capeagulhas.gov.za](mailto:recruitment@capeagulhas.gov.za)

### BELANGRIK / IMPORTANT

Geliewe hierdie vorm te voltooi en terug te stuur na Munisipale Kantoor.

Please complete this form and return to Municipal office.

VOLLE NAAM EN VAN  
FULL NAME AND SURNAME: \_\_\_\_\_

FISIESE ADRES  
PHYSICAL ADDRESS: \_\_\_\_\_

WYK NOMMER  
WARD NUMBER: \_\_\_\_\_

TELEFOONNOMMER  
TELEPHONE NUMBER: (H) \_\_\_\_\_ (C) \_\_\_\_\_

IDENTITEITSNOMMER  
IDENTITY NUMBER: \_\_\_\_\_

GESLAG  
GENDER: \_\_\_\_\_

RAS  
RACE: \_\_\_\_\_

GESONDHEIDSTOESTAND  
CONDITION OF HEALTH: \_\_\_\_\_

Het u enige liggaamlike gebreke? Do you have any physical disorders?  
Indien wel, versterk besonderhede  
If so, furnish particulars \_\_\_\_\_

Is U huidiglik op die Munisipale Masakhane kortinglys?  
Are you currently on the Municipal Masakhane Indigent list? \_\_\_\_\_

Is u al ooit skuldig bevind aan 'n kriminele oortreding?  
Have you ever been convicted of a criminal offence? \_\_\_\_\_

Is u al ooit uit enige betrekking ontslaan?  
Have you ever been dismissed from any position? \_\_\_\_\_

Naam en verwantskap van familieleden in hierdie raad se diens:

Names of relatives in the services of this council: \_\_\_\_\_

Besit u 'n skoon/geldige bestuurslisensie?

Have you a clean/legal driving licence?

Ja

Yes

☐

Nee

No

☐

Tipe Lisensie

Type Licence \_\_\_\_\_

Heg gesertifiseerde afskrif aan

Attached certified copy of licence.

**Huishoudelike Besonderhede / Household particulars:**

Aantal mense in huishouding

Number of person's in household: \_\_\_\_\_

Aantal afhanklikes

Number of dependants: \_\_\_\_\_

Aantal kinders wat skool gaan

Number of children attending school: \_\_\_\_\_

Ontvang U enige toelaag bv kindertoelaag?

Do you receive any social Grants i.e disability, child support etc ? \_\_\_\_\_

**Kwalifikasies / qualifications**

**SKOOLOPLEIDING / SCHOOL EDUCATION**

GRAAD / GRADE	DATUM / DATE	INRIGTING / INSTITUTION

**TERSIËRE OPLEIDING / TERTIARY EDUCATION**

GRAAD/ DIPLOMA	DATUM /DATE	INRIGTING / INSTITUTION

**VAARDIGHEIDHEDE / SKILLS / WERKS AGTERGROND / WORK EXPERIENCES**

TIPE VAARDIGHEID / TYPE OF SKILLS	TYDPERK WAT VAARDIGHEID BEOEFEN WORD PERIOD THAT SKILLS IS PRACTICED

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 is correct and true in all respects.

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