



DISTRICT COUNCIL SEDIBENG



Human Resources Department
P O Box 471
VEREENIGING
1930

Foromo ena e tlamehile ho tlatsoa kaletsoho
la hao, e be e khutlisetswe atereseng e ka hodimo

This form must be completed in your own hand-
writing and returned to the above-mentioned address.

APPLICATION FOR EMPLOYMENT

A. PERSONAL	
MAEMO A HLOLOHETSOENG POSITION DESIRED:	MOPUTSO MOHOLO A BATLEHANG SALARY REQUIRED..
LEFAPHA DEPARTMENT.....	O KA QALA NENG MOSEBETSI WHEN CAN YOU ASSUME DUTY
SEBOKO SURNAME	LETSATSI LA TLHAHOO DATE OF BIRTH
MABITSO A SEDUMEDI CHRISTIAN NAMES..... KNOWN AS (NICK NAME).....	ATERESE YA POSO POSTAL ADDRESS CODE..... CELL.....
ATERESE YA BODULO RESIDENTIAL ADDRESS NOMORO YA MOHALA YA HAE HOME TELEPHONE NUMBER	NOMORO YA MOHALA YA MOTSWALLE / MOAHISANE TELEPHONE NUMBER OF FRIEND AND/OR NEIGHBOUR (IMPORTANT) NOMORO YA MOHALA YA MOSEBETSING BUSINESS TELEPHONE NUMBER EXT.(COUNCIL EMPLOYEE NUMBER.....)
BEHA X LEBOKOSONG LE NEPAHETSENG / PLACE AN X IN THE APPROPRIATE BLOCKS	
MONNA MALE <input type="checkbox"/>	MOSADI FEMALE <input type="checkbox"/>
O NYETSE MARRIED <input type="checkbox"/>	HA OA NYALOA SINGLE <input type="checkbox"/>
TLHALANO DIVORCED <input type="checkbox"/>	O MOHI OLOHADI WIDOW/WIDOWER <input type="checkbox"/>
O NA LE LENGOLO LA HO QHOB LA BOEMO BOFE WHAT DRIVER'S LICENCE DO YOU HOLD CODE CODE	LEGOLO LA HAO LA HO KGANNA LE HATISITSOE KAPA LE PHUMUTSOE HAS YOUR DRIVERS LICENCE BEEN ENDORSED OR CANCELLED
O NA LE MOLATO WA BOTLOKOTSEBE HAVE YOU ANY CRIMINAL CONVICTIONS	HONA LE BANG KA WENA BA SEBETSANG MONA COUNCELLY FANA KA MABITSO A BELELEKO LA HAO BA SEBETSANG KHANSELENG ENA. NAME OF RELATIVES IN THE SERVICE OF THIS COUNCIL
MAEMO A HAO A MMELENG LE KELELLONG A PHETAHETSE NAA? FANA KA BOKHUTSOA NYANA BOQHWALA BO MMELENG KAPA KELELLONG DETAILS OF ANY PHYSICAL OR MENTAL DISABILITIES 	

B. DITHUTO (TSA THOTO) / EDUCATION		
<i>LEBITSO LA MOKGATLO</i> NAME OF INSTITUTION	<i>MANGOLO</i> QUALIFICATIONS (HIGHEST GRADE PASSED)	<i>SELEMO</i> YEAR
1. <i>SEKOLO</i> /SCHOOL
2. <i>YUNIBESITI</i> UNIVERSITY
3. <i>TSE DING</i> OTHER

C. PHIHLELLO TSEBO YA MOSEBETSI / WORK EXPERIENCE				
<i>RAMOSEBETSI</i> EMPLOYER	<i>BOEMO</i> POSITION HELD	<i>MOSEBETSI</i> DUTIES	<i>SEBAKA</i> PERIOD	<i>MABAKA A HO</i> <i>TLOHOHELISITSENG</i> REASONS FOR TERMINATION OF SERVICE
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D. DIPAKI / REFERENCES			
<i>LEBITSO</i> NAME	<i>MOOKAMEDI</i> CAPACITY	<i>ATERESE YA MOSEBETSI</i> WORK ADDRESS	<i>NOMORO YA MOHALA</i> TELEPHONE NUMBER
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TSOHLLE TSE HLALOSITSOENG HODIMO MONA KE NNETE EBILE DI NEPAHETSE. KETSO EA KA BOMA EA HO FANA KA HLALOSO E FOSAHETSENG E TLA SUSUMETSA HO FELISOA HA MOSEBETSI OA HOA.
ALL INFORMATION SUPPLIED ABOVE IS TRUE AND CORRECT. INTENTIONAL FURNISHING OF FALSE INFORMATION MAY LEAD TO SUMMARY DISMISSAL.

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LETSATSI/DATE

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SAENO/SIGNATURE