



## **EPWP EMPLOYMENT APPLICATION FORM**

Email for enquiries: epwp@harrygwaladm.gov.za: bavuz@harrygwaladm.gov.za: shezih@harrygwaladm.gov.za Please submit to the Harry Gwala District Municipal Offices (Kokstad, uMzimkhulu, Underberg, Ixopo)

Main office: 40 Main Street, Private Bag X501, IXOPO 3276 Tel: (039) 834 8707Fax: (039) 834 1701 Email: Madolon1@harrygwaladm.gov.za

Please complete this form and return it to the applicable Municipal Office.

	EPWP Vacancy applying for		
	Reference number		
	Satellite office		
	Scheme (Applicable to Water Monitors)		
	Ward		
FULL	_ NAME AND SURNAME:		
PHY	SICAL ADDRESS:		
WAR	RD NUMBER:		
TELE	EPHONE NUMBER:(H)	(CELL)	
ALTE	ERNATIVE CELL NUMBER:		
IDEN	ITITY NUMBER:		
GEN	DER:		
RAC	E:		
<b>1 I</b> D	2.00		

DO YOU HAVE ANY PHYSICAL DISABILITY?						
IF SO, FURNISH PARTICULARS						
ARE YOU CURRENTLY ON THE MUNICIPAL INDIGENT LIST?						
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?						
HAVE YOU EVER BEEN DISMISSED FROM ANY POSITION?						
DO YOU HAVE A DRIVER'S LICENSE?	<u>Yes</u>		No			
HOUSEHOLD PARTICULARS:						
NUMBER OF PEOPLE IN HOUSEHOLD:						
NUMBER OF DEPENDENTS:						
NUMBER OF CHILDREN ATTENDING SCHOOL:						
DO YOU RECEIVE ANY SOCIAL GRANTS I.E., DISABILITY, CHILD SUPPORT ETC?						
QUALIFICATIONS						
SCHOOL EDUCATION						
GRADE	DATE	INSTITUTION				
TERTIARY EDUCATION						
QUALIFICATION	DATE	INSTITUTION				
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SKILLS/ WORK EXPERIENCES					
TYPE OF SKILLS		PERIOD THAT SKILLS IS PRACTICED/AQUAIRED			
REFERENCIES					
NAME	ORGANIZATIONS NAM	ME	TEL NUMBER		
	gives permission that the i		y can use all the information and/o		
GNATURE	DATE				
OMPULSORY DOCUM Confirmation letter and indigency.		r Traditiona	ll Authority confirming residency		
Certified Id Copy	<i>(</i>				
CV (Proof of Address must be the same as on the CV)					
Qualifications (Were applicable)					
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## **UNIFORM**

ITEM	SIZE
Overall top	XS- XXXL
Overall Bottom	26/28/30/32/34/36/38/40etc.
Boots	
T-shirt	XS- XXXL

