



KAAP AGULHAS MUNISIPALITEIT
CAPE AGULHAS MUNICIPALITY
U MASIPALA WASECAPE AGULHAS



EXPANDED PUBLIC WORKS PROGRAMME
Creating opportunities towards human fulfilment



KAAP AGULHAS MUNISIPALITEIT
CAPE AGULHAS MUNICIPALITY
U MASIPALA WASECAPE AGULHAS

EPWP PROJEK AANSOEK VORM

EPWP PROJECT APPLICATION 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

BELANGRIK / IMPORTANT

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

Please complete this form and return to Municipal office.

PROJEK WAARVOOR U AANSOEK DOEN

PROJECT YOU ARE APPLYING FOR: _____

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 familielede in hierdie raad se diens:

Names of relatives in the services of this council: _____

ADDISIONELE INLIGTING/ ADDITIONAL INFORMATION

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

Huishoudelike Besonderhede / Household particulars:

Aantal mense in huishouding

Number of persons 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 ? _____

Was U voorheen indiens van Kaap Agulhas Munisipaliteit: Indien ja, meld wanneer.

Have you previously been employed within Cape Agulhas Municipality: If yes, please state when.

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** _____