



## EPWP EMPLOYMENT APPLICATION FORM

Email for enquiries: [epwp@harrygwaladm.gov.za](mailto:epwp@harrygwaladm.gov.za):

[bavuz@harrygwaladm.gov.za](mailto:bavuz@harrygwaladm.gov.za): [shezih@harrygwaladm.gov.za](mailto: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 8707 Fax: (039) 834 1701

Email: [Madolon@harrygwaladm.gov.za](mailto:Madolon@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: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

WARD NUMBER: \_\_\_\_\_

TELEPHONE NUMBER:(H) \_\_\_\_\_ (CELL) \_\_\_\_\_

ALTERNATIVE CELL NUMBER: \_\_\_\_\_

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

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

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

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?

Yes ☐

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

**SKILLS/ WORK EXPERIENCES**

TYPE OF SKILLS	PERIOD THAT SKILLS IS PRACTICED/AQUAIED

**REFERENCES**

NAME	ORGANIZATIONS	TEL NUMBER

**DECLARATION**

I hereby declare that all information furnished above is correct and true in all respects.

The applicant hereby gives permission that the municipality can use all the information and/or personal data provided, as in terms of the POPIA.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**COMPULSORY DOCUMENTS NEEDED:**

- Proof of address
  - Certified Id Copy
  - CV (Proof of Address must be the same as on the CV)
  - Qualifications (Were applicable)
- 
- Affidavit that confirms you are unemployed and household with no income/household with less than a primary school education/household with less than one fulltime person earning an income.

UNIFORM

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

