

**HUMAN RESOURCES**

*Employment and EE*

**CENTLEC (SOC) LTD**  
**APPLICATION FOR EMPLOYMENT**

<b>Position Applied For:</b>		<b>Directorate:</b>	
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<b>Pay Number:</b>	
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<b>PERSONAL INFORMATION:</b>									
Surname									
First names									
Date of birth									
Identity numbers				Telephone					
Citizenship									
*Race ( Mark X)		African		White		Coloured		Indian	
*Gender ( Mark X)		Male				Female			
Do you have a disability (Mark X)		Yes		NO		If yes Describe			
Permanent Residential Address					Postal Address				
Code					Code				

LANGUAGE: (Mark X)	Read			Write			Speak		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
Sotho									
English									
Afrikaans									
Other(Specify)									

Permanent Drivers License ( Mark X) Attach Certified Copies	Light Vehicle	Heavy Vehicle	Extra Heavy Vehicle	Motor Cycle Over 50cc	Other:(specify)
Date Issued:					

- |   |
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| <p>a. EMPLOYEES WILL BE APPOINTED ON THE STAFF ESTABLISHMENT OF THE MANGAUNG METRO MUNICIPALITY AND SECONDED TO CENTLEC (SOC) LTD.</p> <p>b. *IS REQUIRED FOR EMPLOYMENT EQUITY/AFFIRMATIVE ACTION.</p> <p>c. CENTLEC SUBSCRIBES TO THE PRINCIPLE OF EMPLOYMENT EQUITY ACT.</p> |
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**Directors:** KM Moroka (Chairperson), CAK Choeru (Deputy Chairperson), T Ngubeni (NED), Y Skwintshi (NED), R Tsiki (NED), T Mazibuko (NED), T Manye (NED), MS Sekoboto (CEO), MM Matsimela (CFO), T Malgas (Company Secretary)

<b>EDUCATION:</b>	School Attended/Technical College					
Highest Grade Obtained:		Year				
Subjects Passed						
1.					6.	
2.					7.	
3.					8.	
4.					9.	
5.					10.	
<b>TERTIARY EDUCATION:</b>						
Name of Tertiary Institution						
Degree/National Diploma						
Year Obtained						
<b>EXPERIENCE:</b> Experience: Present and Previous Positions Held						
Name and Address of Employer		Position Held	Supervisor	Tel No	Period of Service	Reason for Termination

**DECLARATION:**

I declare that the above particulars are, to the best of my knowledge true and correct and understand and accept that if I am appointed, my appointment will be subject to the provisions of the Conditions of Service and any applicable.

**Signature:****Date:**

<b>FOR OFFICE USE ONLY:</b>												
Unsuccessful Mark X		Appointment		Promotion		Transfer		Permanent		Part Time		
Department				Post Designation				Salary Grade of Post				
Salary notch to be Appointed at:						With Effect From						
Remarks:												
Head Of Department							Human Resource Manager					
Signature							Signature					
Date							Date					