HEAD OFFICE

303 Church Street
Private Bag X 44
MOGWADI 0715
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Fax no : (015) 501 0419
E-mail: info@molemole.gov.za



MOREBENG BRANCH OFFICE

25 Cnr. Roets & Vivirers Street MOREBENG 0810

Telephone : (015) 501 2371 Fax no : (015) 397 4334

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ALL CORRESPONDENCE TO BE ADDRESSED TO THE MUNICIPAL MANAGER

MOLEMOLE LOCAL MUNCIPALITY UNEMPLOYMENT DATABASE REGISTRATION FORM

A. PERSONAL DETAILS								
Surname								
First name(s)								
ID or passport number				Age:				
Race	African	Coloured	Indian	White				
Gender			Female	Male				
Do you have a disability?			Yes	No				
If yes, elaborate the type of disability.								
Dependants								
Are you a resident of Molemole Local Municipality?	Yes	No	Village & Ward no:					
B. CONTACT DETAILS								
Home language?								
Preferred language of correspondence								
Contact numbers		Cellphone 1: Cellphone 2:						
Email address (if applicable)			Alternative number					
Residential address								
Postal address (if different from postal)								
License code(s) (eg C1, EB, etc)								
Expiry date of licence(s)								
Do you have a PDP?			Yes	No				

C. QUALIFICATIONS (Additional information may be provided on your CV.)										
Highest school qualification (grade) completed	Name of school/training institution			Year that qualification was completed						
Highest tertiary/technical qualification obtained	Name of institution			NQF level		Year obtained				
D. WORK EXPERIENCE (Additional information may be provided on your CV.)										
Are you currently employed?			Yes		No					
If yes, supply the name of your employer and the period of Employment.										
Other employers (start	Position	From		То						
with the most recent)		ММ	YY	MM	YY	Reason for leaving				
E. REFERENCES										
Name of referees	Relationship	Telephone number (office hours)		Cell phone number		Email address				
F. DECLARATION										
I hereby declare that all the information provided on this form is correct and authentic										
,										
Signature				Date						