



BREED VALLEY
MUNICIPALITY • MUNISIPALITEIT • UMASIPALA



EXPANDED PUBLIC WORKS PROGRAMME
CONTRIBUTING TO A NATION AT WORK

FOR OFFICE USE ONLY

RECEIVED BY DATE / /

CAPTURED BY DATE / /

EPWP UNEMPLOYMENT REGISTRATION FORM

PERSONAL INFORMATION

FIRST NAME/S:	<input type="text"/>											
	<input type="text"/>											
SURNAME:	<input type="text"/>											
SOUTH AFRICAN ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
INCOME TAX NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHYSICAL ADDRESS:	<input type="text"/>											
AREA/SUBURB:	<input type="text"/>										WARD:	<input type="text"/>
GENDER:	MALE	<input type="text"/>	FEMALE	<input type="text"/>	OTHER	<input type="text"/>						
MARITAL STATUS:	SINGLE (NEVER MARRIED)		<input type="text"/>	MARRIED		<input type="text"/>	DIVORCED		<input type="text"/>	WIDOW/ WIDOWER		<input type="text"/>
RACE:	AFRICAN	<input type="text"/>	WHITE	<input type="text"/>	COLOURED	<input type="text"/>	INDIAN	<input type="text"/>	OTHER	<input type="text"/>		
HEALTH?	EXCELLENT		<input type="text"/>	GOOD		<input type="text"/>	AVERAGE		<input type="text"/>			
ABLE TO DO PHYSICAL WORK?	YES		<input type="text"/>	NO		<input type="text"/>						
ANY DISABILITIES?	YES		<input type="text"/>	NO		<input type="text"/>	IF YES, TYPE OF DISABILITY: <input type="text"/>					
DRIVER'S LICENSE	NONE		<input type="text"/>	LEARNERS LICENSE		<input type="text"/>	CODE A		<input type="text"/>	CODE A1		<input type="text"/>
	CODE B		<input type="text"/>	CODE C		<input type="text"/>	CODE C1		<input type="text"/>	CODE EB		<input type="text"/>
	CODE EC		<input type="text"/>	CODE EC1		<input type="text"/>	PDP		<input type="text"/>			
CONVICTED OF A CRIMINAL OFFENCE	YES	<input type="text"/>	NO	<input type="text"/>	IF YES, PLEASE EXPLAIN <input type="text"/>							
IS ANY CRIMINAL CASE PENDING AGAINST YOU?	YES	<input type="text"/>	NO	<input type="text"/>	IF YES, PLEASE EXPLAIN <input type="text"/>							

CONTACT DETAILS

TEL / CELL NO.	<input type="text"/>	ALTERNATIVE NUMBER:	<input type="text"/>
E-MAIL ADDRESS:	<input type="text"/>		

LANGUAGE PROFICIENCY

FIRST LANGUAGE (HOME LANGUAGE)	AFRIKAANS	<input type="text"/>	ENGLISH	<input type="text"/>	ISIXHOSA	<input type="text"/>	OTHER	<input type="text"/>
								SPECIFY
								<input type="text"/>

LANGUAGE PROFICIENCY - state 'good', 'fair' or 'poor'

LANGUAGES (SPECIFIED)				
	AFRIKAANS	ENGLISH	ISIXHOSA	OTHER (SPECIFY)
SPEAK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
READ	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
WRITE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EDUCATIONAL INFORMATIONHIGHEST GRADE PASSED TICK YOUR SUBJECTS ☒

ENGLISH	<input type="text"/>	AFRIKAANS	<input type="text"/>	ISIXHOSA	<input type="text"/>	MATHEMATICS	<input type="text"/>
MATHEMATICAL LITERACY	<input type="text"/>	ACCOUNTING	<input type="text"/>	BUSINESS STUDIES	<input type="text"/>	PHYSICAL SCIENCE	<input type="text"/>
TOURISM	<input type="text"/>	GEOGRAPHY	<input type="text"/>	COMPUTER APPLICATION TECHNOLOGY (CAT)	<input type="text"/>	HISTORY	<input type="text"/>
HOSPITALITY	<input type="text"/>	ENGINEERING GRAPHICS & DESIGN	<input type="text"/>	CONSUMER STUDIES	<input type="text"/>	BIOLOGY/LIFE SCIENCE	<input type="text"/>
VISUAL ARTS	<input type="text"/>	DANCE	<input type="text"/>	DESIGN	<input type="text"/>	ECONOMICS	<input type="text"/>
LIFE ORIENTATION	<input type="text"/>	RELIGIOUS STUDIES	<input type="text"/>	CIVIL TECHNOLOGY	<input type="text"/>		

COMPUTER LITERACY

YES	<input type="text"/>	NO	<input type="text"/>
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WORD EXCELL POWERPOINT OUTLOOK OTHER POST MATRIC QUALIFICATION

TRADE CERTIFICATE	<input type="text"/>	NATIONAL CERTIFICATE	<input type="text"/>	NATIONAL HIGHER CERTIFICATE	<input type="text"/>	NATIONAL DIPLOMA	<input type="text"/>
BACHELOR'S DEGREE/ADVANCED	<input type="text"/>	HONOURS DEGREE	<input type="text"/>	MASTER'S DEGREE	<input type="text"/>	DOCTORATE DEGREE	<input type="text"/>

TYPE OF QUALIFICATION INSTITUTION YEAR **SKILLS**TICK YOUR SKILLS ☒

PAINTER	<input type="text"/>	GARDENING	<input type="text"/>	PLUMBING	<input type="text"/>	CASHIER	<input type="text"/>
FENCING	<input type="text"/>	CARPENTRY	<input type="text"/>	ADMIN	<input type="text"/>	SUPPLY CHAIN	<input type="text"/>
ELECTRICAL	<input type="text"/>	CONSTRUCTION	<input type="text"/>	SECRETARIAL	<input type="text"/>	FIELD WORK	<input type="text"/>
PANEL BEATING	<input type="text"/>	GENERAL WORKER	<input type="text"/>	BOOK KEEPING	<input type="text"/>	OFFICE CLEANING	<input type="text"/>
SECURITY	<input type="text"/>	PAVING	<input type="text"/>	FILING	<input type="text"/>	OTHER	<input type="text"/>
BRICKLAYER	<input type="text"/>	DRIVER	<input type="text"/>	DATA CAPTURING	<input type="text"/>		
LAW ENFORMENT	<input type="text"/>	FIRE FIGHTING	<input type="text"/>	TRAFFIC	<input type="text"/>		

WORK EXPERIENCE

EMPLOYER	POSITION	FROM			TO		
		DD	MM	YY	DD	MM	YY
		DD	MM	YY	DD	MM	YY
		DD	MM	YY	DD	MM	YY
		DD	MM	YY	DD	MM	YY

REFERENCE 1:	NAME:	<input type="text"/>	CONTACT:	<input type="text"/>
REFERENCE 2:	NAME:	<input type="text"/>	CONTACT:	<input type="text"/>

DISMISSED FROM WORK BEFORE?

YES	<input type="text"/>	NO	<input type="text"/>
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 IF YES, PLEASE EXPLAIN

NB: COPIES OF THE FOLLOWING DOCUMENTATION NEED TO BE ATTACHED TO THIS FORM

ID DRIVERS LICENSE PROOF OF RESIDENCE PROOF OF DISABILITY

I DECLARE THAT THE ABOVE PARTICULARS ARE, TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT. SHOULD THE INFORMATION NOT BE CORRECT, THE EMPLOYER RESERVE A RIGHT TO DISMISS ME. I ALSO GIVE PERMISSION FOR MY PERSONAL INFORMATION TO BE MADE AVAILABLE TO SERVICE PROVIDERS FOR THE PURPOSE OF OTHER EMPLOYMENT OPPORTUNITIES OR TRAINING PROGRAMMES. I UNDERSTAND THAT THIS PROCESS DOES NOT GUARANTEE WORK AND THAT IT SERVES AS A DATABASE. I WILL NOT HOLD BREEDE VALLEY MUNICIPALITY RESPONSIBLE FOR ANY DAMAGE EXPERIENCED RESULTING FROM BEING ON THE DATABASE OR OBTAINING WORK THROUGH IT.

NAME (BOLD) SIGNATURE DATE