



DEPARTMENT OF ARTS AND CULTURE

EXTENDED PUBLIC WORKS PROGRAMME [EPWP] APPLICATION FORM

Name of the project to which application is addressed: _____

Name of the applicant: _____

Please turn over to complete the form fully

Instruction: Your fully completed Application Form must be accompanied with the following documentation:

- 1. Certified copy of Identity Document [3 months]**
- 2. Certified copies of educational qualifications, where necessary[3 months]**
- 3. Certified copy of driving license, where necessary [3 months]**
- 4. Proof of residence [letter from the local municipality/Councilor, Utility Bill, Tribal Authority]**

Please turn over to cōmplete the form fully

Please print when completing this form and submit it together with the relevant attachments as per address supplied in the advertisement.

PERSONAL PARTICULARS

FIRST NAMES: _____

SURNAME: _____

IDENTITY NUMBER: _____

DATE OF BIRTH: _____

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

TELEPHONE NUMBER: (____) _____

DISTRICT: _____

CELL PHONE NUMBER: _____

LOCAL MUNICIPALITY: _____

ALTERNATE NUMBER: _____

WARD NUMBER: _____

FAX NUMBER: _____

NAME OF WARD
COUNCILLOR: _____

NATIONALITY: _____

MARITAL STATUS:
Single/Married/Divorced/Widowed

GENDER: **Male/female**

DISABILITY: **YES/NO** _____

RACE: **Black/Coloured/Indian/ White/Other**

Are you currently employed? **YES/NO** If yes,
please elaborate _____

Please turn over to complete the form fully

Mark appropriate answer with an "X". Failure to complete this questionnaire fully and correctly may jeopardise the applicant's chances of employment.

1. Have you ever been convicted of a criminal offence, dismissed from employment or requested to resign? **YES/NO**

If the answer is yes please furnish full details on a separate sheet of paper.

2. Are any of members of your household employed in EPWP? **YES/NO**

If yes – until which year? _____

3. Have you received any skills training Certificate of Attendance? **YES/NO**

4. Do you have any disability? **YES/NO**

If the answer is yes please specify: _____

5. Are you employed, as at the date of application? **YES/NO**

6. Have you ever been employed by State – Government Department, Municipality, State Agency, as Intern, EPWP, etc? **YES/NO**

If so please specify date of appointment and date of termination: _____

7. Do you have any source of income e.g. wage, government grant, etc? **YES/NO**

If so, please specify: _____

8. Is there any person in your household working full time and receiving an income? **YES/NO**

9. Specify the level of education of the head/s of household: _____

10. Do you own any kind of private business entity or as a partner/director?

If so, please specify its status [active or dormant] _____

11. Does your household live of any agricultural activities/subsistence farming? **YES/NO**

If so please specify: _____

Signature of the Applicant

Date

Signature of the Ward Councillor

Date

Please turn over to complete the form fully

FOR OFFICE USE ONLY

RECOMMENDATION BY SCREENING SECRETARIAT:

NAME _____

SIGNATURE _____

DATE: _____

APPROVED BY SELECTION COMMITTEE

NAME OF CHAIRPERSON _____

SIGNATURE _____

DATE: _____

Please turn over to complete the form fully