



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: _____

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 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 _____

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 5

form fully

FOR OFFICE USE ONLY

RECOMMENDATION BY SCREENING SECRETARIAT:

NAME _____

SIGNATURE _____

DATE: _____

APPROVED BY SELECTION COMMITTEE

NAME OF CHAIRPERSON _____

SIGNATURE _____

DATE: _____