



STEVE TSHWETE LOCAL MUNICIPALITY

INVITATION TO REGISTER ON A DATABASE FOR PEOPLE LIVING WITH DISABILITIES.

People living with disabilities are invited to submit their CVs and qualifications/school report to be registered on the database. The CVs and qualifications should be accompanied by a signed **declaration of disability form** (available from the Municipal HR Offices or can be printed from municipal website: www.stlm.gov.za).

REFERENCE NUMBER: DATA/DISABILITY/01

Applicants must be residing within Steve Tshwete Local Municipality (MP313 Area).

NB: This advert is not an offer of employment, but rather an opportunity to be part of the municipal database for people with disabilities that can be utilized as reference when developmental and training opportunities become available in future.

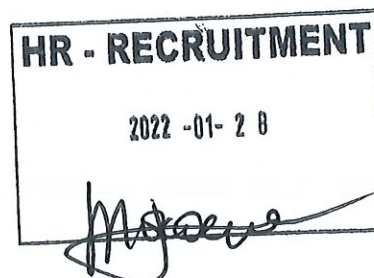
Further Enquiries: Human Resources Management: (013) 249 7000

Ms. Patricia Mahlatshi/ Ms. Emmeline Dube: (013) 249 7229/7781

CLOSING DATE: 28 FEBRUARY 2022

Please note:

1. Applications must be submitted on the prescribed form (available from the Municipal Offices or can be printed from municipal website: www.stlm.gov.za) or by means of a detailed Curriculum Vitae and Covering Letter, together with certified copies of qualifications or certificates or school report and identity document.
2. Applications/CVs must be deposited in the Applications for Employment Box provided at the Steve Tshwete Local Municipality, Ground Floor, CNR Walter Sisulu Street and Wanders Avenue, Civic Centre building main entrance, Middelburg.
3. **In order to ensure compliance with Covid-19 regulations and restrictions only applications dropped in the Applications for Employment Box will be accepted.**





**Steve Tshwete
Local Municipality**

PO Box 14 | Middelburg | 1050
Cnr Walter Sisulu Str & Wanderers Ave
Middelburg | Mpumalanga
T: +27 (0)13 249 7000 | F: +27 (0)13 243 2550
council@stlm.gov.za

**DECLARATION BY APPLICANT
(Confidential)**

PLEASE READ THIS FIRST



PURPOSE OF THIS FORM

This form is used to obtain information from Steve Tshwete Local Municipality Residents for assisting the employer in creating a database for persons with disabilities, which can be utilized as reference when employment, developmental and training become available in future.

WHO COMPLETES THIS FORM?

People with disabilities should fill in this form.

INSTRUCTIONS

The employer will ensure that the contents of this form remain confidential, and that it is only used to comply with the Employment Equity Act, 55 of 1998, as amended.

PLEASE NOTE:

'People with disabilities' are defined in the Employment Equity Act as people who have a long-term or recurring physical or mental impairment, which substantially limits their prospects of entry into, or advancement in employment.

*Please note that people with disabilities have the right not to disclose their disability, unless it is in line with the inherent requirements of the job.

1. Full Names & Surname of applicant _____

2. Applicant Identity No: _____

3. Please indicate to which categories you belong with an 'X' below:

Male	Female
<input type="checkbox"/>	<input type="checkbox"/>

African	Coloured	Indian	White
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

South African citizen	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Foreign Nationals	<input type="checkbox"/>
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If you are not a citizen by birth, please indicate the date you acquired your citizenship: _____

Person with a disability*	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, specify nature of disability:

4. I verify that the above information is true and correct.

Signed: _____
Applicant

Date: _____

HR - RECRUITMENT
2022-01-20